

Integrating police officers onto Assertive Community Treatment (ACT) teams: The views of clients and staff

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EXECUTIVE SUMMARY

Island Health and the Victoria Police Department asked us to provide an impartial, independent evaluation of the impact of integrating police officers onto Assertive Community Treatment (ACT) teams in Victoria, BC. Our research design focused exclusively on individuals who have first-hand experience with police officers on ACT teams. Specifically, we interviewed 21 ACT clients and 22 ACT staff about their perceptions of the benefits and the drawbacks of having police officers integrated on ACT teams. Our sample included clients from all four Victoria ACT teams; some had been with the program for only six months, whereas others had been part of the program since its formal inception in 2007. The same was true for the staff that we interviewed: the sample included a variety of professional roles and years of employment across all four ACT teams.

ACT Clients: Benefits

ACT clients were generally quite positive about police integration on ACT teams, and provided many examples of helpful interactions with ACT Officers. Most clients were familiar with at least one of the ACT Officers, and many emphasized the degree of effort that the ACT Officers made to connect with and get to know the clients. The clients' descriptions of the benefits of having officers integrated into ACT teams revolved around four themes:

- Many ACT clients saw the ability to form **relationships** with ACT Officers as a key strength, particularly in terms of officers' abilities to establish long-term, knowledgeable, and trusting relationships with clients. Clients experienced ACT Officers as being empathic and non-stigmatizing but still able to enforce limits in a reasonable way.
- Several clients reported that ACT Officers' relationships with clients also enabled them to **connect clients with resources** in the community, including services specific to legal issues.
- Several clients also reported feeling a greater **sense of safety** accessing ACT services knowing that ACT police were nearby.
- Finally, a few clients appreciated that ACT Officers approached their wellbeing from the standpoint of **preventing harm** by identifying and intervening early on issues such as housing, mental health stability, and criminal behaviour.

ACT Clients: Drawbacks

ACT clients also described some drawbacks to police involvement on ACT teams.

- Several clients reported increased **fear of negative consequences**, including that they would be arrested or taken to the hospital, due to the presence of ACT Officers.
- Several clients were also concerned that being seen socializing with ACT police, even if they were plain clothed, could lead to interpersonal problems due to **stigma against the police** in their community.

- A few ACT clients also mentioned how police presence could **re-trigger past traumatic experiences** with patrol officers.
- A few ACT clients had **accessibility concerns** related to ACT Officers being unavailable when needed.

ACT Staff: Benefits

Staff identified both strengths and challenges of ACT model overall (irrespective of police), but they were almost unanimously positive when discussing the specific role of *police officers* on the teams. From the perspective of staff, the benefits of having police officers on ACT teams stemmed from four essential ingredients:

- The **specialized knowledge** that ACT Officers bring to the team, including knowledge of specific ACT clients, as well as knowledge of the legal and justice systems
- The trusting and supportive **relationships** that the ACT Officers form with clients; without these strong relationships, the other advantages of police integration would not be as powerful
- The **authority** that police carry, including their ability to give consequences and their skill in deescalating volatile situations
- The advantages of being **embedded** as an integrated member of the team, such as the ease with which clients and staff can access the assistance of a consistent, trusted police officer

These four ingredients were essential to achieving the benefits of police integration. Alone or in combination, various staff saw these four themes as leading to numerous **positive outcomes**, including improved intake decisions and care plans; greater safety for both clients and staff; reduced stigma for clients when interacting with ACT Officers; better education and advocacy for clients by ACT Officers; less trauma and more support for clients during mandatory services; enhanced ability for staff to accept clients who may present safety risks onto the team; improved ability of staff to engage in outreach with clients; and the opportunity for clients to have supportive experiences with police officers that can counteract previous negative encounters.

Collectively, staff saw the benefits of police integration on ACT teams to result in a variety of **positive impacts** for clients, staff, the community, and the police and healthcare systems more broadly. For example, staff perceived that the integration of police officers helped clients to achieve stability and avoid escalating difficulties, such as deterring violence and serious crimes, preventing hospitalization, keeping clients housed, and increasing access to primary care. In addition, staff turnover was likely lower because of the greater sense of safety that police presence facilitated. The positive outcomes for clients (to which ACT Officers contributed) were also seen as improving safety within the community. Finally, staff highlighted several ways in which the police force and healthcare systems learned from each other and benefited from better collaboration across sectors.

ACT Staff: Drawbacks

ACT staff also identified a few drawbacks and cautions about police integration on ACT teams.

- The main drawback of police officers on ACT teams reported by staff was the potential for police presence to be a **barrier to engaging clients** initially. That is, potential clients who have had negative experiences with police in the past could be less willing to participate with an ACT team if police officers were involved. It is important to note, however, that as many staff viewed police presence as a facilitator of engagement.
- Staff perceived that some clients could be **uncomfortable** interacting with the police, or could feel **stigmatized** because police were involved.
- A few staff mentioned that police presence could **trigger aggressive behavior** from a client, especially if the client had previous negative experiences with the police.
- One staff member was concerned that the **nature of ACT teams could change** because police involvement enables the teams to accept more clients with a history of violence or criminal involvement.
- Several staff felt that the primary drawback was that the officers were **not available enough**, such as on weekends.

A few staff discussed dynamics that must be negotiated due to police presence on ACT teams. We view these dynamics as inevitable tensions in a complex system rather than benefits or drawbacks per se. For instance, several staff reflected on the tension between obtaining the benefits of police involvement and the concern that clients and others may view police presence as criminalizing mental health and substance use challenges. A few staff also discussed the challenge of striking the right balance between ACT Officers in an enforcement role versus ACT Officers in a supportive role. Third, a few staff illustrated potential tensions between prioritizing staff needs (e.g., safety) versus client needs (e.g., privacy).

Conclusions and Recommendations

Across client and staff interviews, the overall balance of opinion was that police integration on ACT teams was a positive development that contributed to enhanced team functioning and better client outcomes. Benefits were identified that applied to a diverse array of clients, including clients who were involved in the forensic system and those who were not. Officer integration represents a merger of two important systems, healthcare and law enforcement. This merger allows for ACT clients' interactions with the police to be more supportive and more cohesive than they would be otherwise. This includes interactions that the clients have sought out and those that are imposed on them. In addition to benefits for clients, there were also advantages to the ACT teams, such as greater staff safety, enhanced ability to do outreach, and ability to accept a broader range of clients. Further, both clients and staff noted that the change from having one to three officers integrated onto the teams reduced the officers' burden and increased access to police services for a variety of needs.

The concerns that clients and staff identified offer valuable insights into how to improve police integration further to maximise benefits and minimize any negative impacts. In addition, the importance of maintaining an ongoing dialogue regarding some of the inevitable tensions related to involving police officers in health care was clear. For example, ongoing dialogue within teams regarding when and why police are needed (which situations, which clients) will help teams achieve the most benefit of officer integration with the least risk.

Finally, it was clear that the benefits of police involvement rested on the foundation of the relationships built by the ACT Officers. Officer selection and training, and officer stability on the teams, are all integral to the success of any effort to integrate police officers. The vast majority of staff and clients viewed the current officers as outstanding in their ability to form trusting, respectful relationships with clients and in their ability to de-escalate tense situations. These ACT Officers are leading the way in demonstrating that police officers can be seen as capable of working effectively with individuals who have mental health challenges.

Next Steps

This project is a first step in evaluating police integration on ACT teams. We believe there is value in continuing to study the question of how police integration impacts client outcomes, as well as to explore more nuanced questions as to how positive impact can be maximised. Our next specific step is to analyze interviews with the officers themselves, and to invite the perspectives of others who have experience with ACT teams, including staff at the Victoria Integrated Court and staff from supported housing. In addition, it will be important to identify specific and quantifiable indicators of police impact on clients and teams and to monitor these impacts systematically and prospectively. We believe that, in consultation with Island Health and the Victoria Police Department, the themes we have outlined in this report can provide specific metrics for assessing impact. We welcome input and feedback from relevant community stakeholders as we continue this work.

1. BACKGROUND

Island Health and the Victoria Police Department approached us in the summer of 2017 to conduct research on the impact of police officers on Assertive Community Treatment (ACT) teams. We agreed to do so on the condition that we would have full independence in reporting our findings. Because little research has explored the question of how police involvement affects ACT teams, we decided that the initial focus should be on assessing the experiences of those people who are directly involved: the ACT clients and ACT staff. This report summarizes the results of our research.

Our goal was to develop an initial understanding of the benefits and drawbacks of police officers integration into ACT teams. There are four teams within the Victoria ACT program: The Downtown Assertive Community Treatment team (DACT), the Pandora Assertive Community Treatment team (PACT), Seven Oaks ACT team, and the Victoria Integrated Community Outreach Team (VICOT). Together, these teams serve almost 300 individuals in the Greater Victoria area. ACT teams serve individuals with severe and persistent mental health and substance use issues who have not been helped by traditional services. The teams are multidisciplinary and provide wrap-around services to vulnerable clients, including nursing, psychiatry, social work, mental health and addictions outreach, and probation. In addition to addressing mental and physical health needs, these teams assist clients in areas such as money management, housing, activities of daily living, and goal setting.

There has been a police officer assigned to VICOT for many years. In fall, 2016, two more officers were added, and these three officers now work with all four Victoria ACT teams. ACT Officers are written into care plans for a subset of clients who are aggressive, violent, or volatile. In addition, ACT Officers also interact with clients who are unstable psychiatrically, who commit criminal offenses or have probation orders, or who are the victims of violence or exploitation. ACT Officers engage in activities such as

- Accompanying staff into the community when providing outreach services
- Executing mental health warrants when a client is certified under the Mental Health Act and is considered to be in need of hospitalization, exchanging information with ACT teams regarding client history to assist with risk assessment and care planning
- Advising clients on legal implications of their behaviour and choices
- Working with the probation officer and other team members to determine how to best meet the needs of clients who are currently under a probation order
- Interacting with and supporting clients who are at risk of victimization

Clients who are stable in the community and who do not interact with the legal or justice system may have little direct contact with ACT Officers. Nonetheless, a few aspects of the ACT Officers' role, such as creating safety at ACT offices, affect these clients as well. Finally, ACT Officers contribute to teams beyond direct contact with clients, such as acting as a liaison for the Police Department when patrol officers make a referral to the ACT team.

2. METHODOLOGY

The Research Ethics Boards of Island Health and the University of Victoria approved our research design.

ACT Client sample and recruitment methods

We recruited clients for the study by posting flyers in ACT offices, as well as in the community, advertising a number of open houses for a research study seeking the participation of ACT clients. The open houses took place at Our Place, the Downtown Community Centre, Cool Aid's Access Health, and an Island Health supported housing location. Clients who were interested participated in a one-on-one confidential interview with one or both of the researchers. Clients were offered a \$10 Tim Hortons gift card as an honorarium for their participation.

We interviewed 25 ACT clients who attended our open houses for ACT clients. We excluded 4 of these participants from analyses: two who did not have an ACT team and two who were acutely psychotic or manic and who were unable to answer our questions clearly. Thus, we obtained usable interviews from **21 current ACT clients**, with representation from all 4 ACT teams and with representation from both forensic and non-forensic clients. The majority of clients were male (65%) and 35% were female. Clients ranged from newly admitted to the ACT program, to participating for nearly a decade (near the time of inception of the ACT program in Victoria). Clients also ranged in level of functioning from relatively high stability (e.g., psychologically intact, housed, etc.) to low stability (e.g., depressed, substance using, homeless, etc.). Nearly all clients reported at least some casual contact with ACT Officers and several reported extensive, repeated contact.

ACT Staff sample and recruitment methods

We invited all staff members to participate. Those who agreed to participate were interviewed by one of the researchers one-on-one in a confidential office space in the Downtown ACT building office. No incentives were offered to staff for participating.

We interviewed **22 ACT staff members**, with representation from all 4 ACT teams. The majority (73%) of staff participants were female, and 27% were male. Half of the staff had worked for the ACT program for less than 5 years (four for one year or less, seven for 2 - 4 years), and half had worked on ACT teams for more than 5 years (five for 5 – 7 years, three for 8 – 9 years, and three for more than 10 years). The sample represented many professions, including nursing, nurse practitioner, psychiatric nursing, social work, probation, psychiatry, addictions, mental health, and psychiatric rehabilitation. The vast majority of the staff reported that they have had extensive experience with the ACT Officers, whereas a few had more limited first-hand experience on which to base their opinions.

Data collection

Prior to starting each interview, clients or staff reviewed an informed consent form that explained their rights as research participants. We also verbally covered the key aspects of consent to ensure understanding, such as emphasizing the voluntary nature of participation and their right to skip a question or stop at any time without explanation. To help clients feel at ease, we did not keep any identifying information. With all participants, to encourage honest responding, we also discussed the ways in which we will protect their confidentiality and emphasized our independent role – we are not employees of Island Health or the Victoria Police Department, we would not share individual responses with anyone, and employers would not know which team members participated.

After this informed consent process, with the participant's permission, we turned on our digital recorder and began the interview. The questions were semi-structured and open-ended. For example, clients were asked, *"From your perspective, what are some of the key benefits and drawbacks of having an ACT Team Officer involved with your ACT team?"* and *"Is your relationship with your ACT Team Officer different than any interactions you've had with other police officers?"* Staff were asked, *"From your perspective, what are some of the key benefits and drawbacks of having a police officer integrated with the ACT team?"* and *"Does police involvement on the ACT team affect the services that you are able to provide to your clients?"* Interviews with clients generally lasted 15 minutes, and interviews with staff lasted anywhere from 30 – 60 minutes.

For both client and staff interviews, the digital recordings were later transcribed. These transcripts were analysed to capture the primary themes from both participant groups. Client and staff interviews were analyzed independently and are presented separately in this report so that the voices of both groups are clearly represented. We have included quotes from clients and staff, but do not attempt to attribute them to specific individuals or even roles on the ACT team in the interest of maintaining confidentiality of participants. Throughout the report, to contrast with "ACT Officers" we refer to other officers from the Victoria Police Department (or in some cases other unknown police departments) as "patrol officers."

3. CLIENT PERSPECTIVES

3.1 Client Perceptions of the Benefits of Police Officers on ACT

Overall, clients spoke about both benefits and drawbacks of having police officers on ACT teams. The majority identified benefits (17 of the 21 clients). Two clients could not think of any benefits of having police officers integrated into ACT teams. However, in both cases, this was because they had not yet interacted with an ACT team officer. Another client preferred to stay neutral about ACT team officers despite having some knowledge of them. Yet another client stated that they believed there were no benefits to having officers integrated into the ACT teams (only drawbacks). In general, clients provided many general positive statements about ACT police officers, including “*doing a good job,*” “*wonderful,*” and “*on the ball.*” One client even commented, “*In my books all these people should be getting a medal of honour.*”

Four themes emerged across client responses: relationship building, improving safety, connecting services and preventing harm.

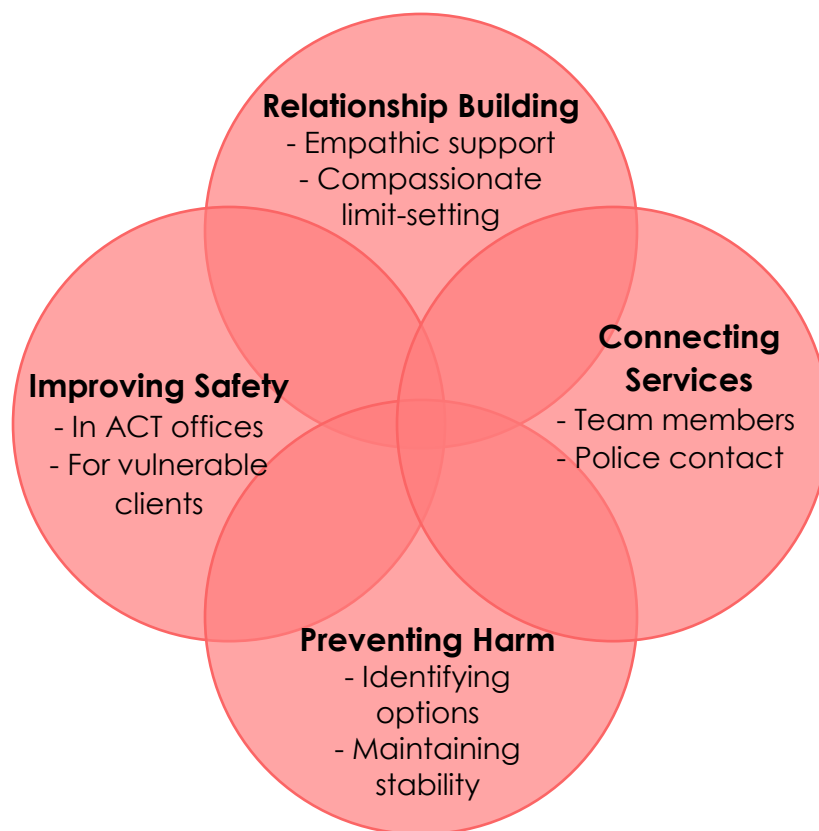
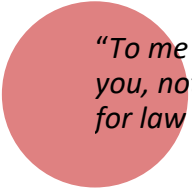


Figure 1. Themes associated with **client** perceptions of benefits

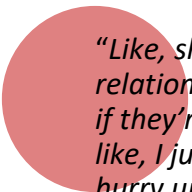
Client Theme 1: Relationship Building

The most common benefit expressed by clients was the view that ACT Officers served as relationship builders. Clients commented that the officers were compassionate, had good rapport with clients, were patient and supportive, and were helpful to talk to about various issues. Several clients mentioned that ACT Officers took time to get to know the clients personally, including asking how they were, remembering their names, and going for rides in the front seat of their police car or out for a cup of coffee.




"To me they became part of the team because they were there to also assist you, not only in case somebody's, like, uh, stalking you... they're not just there for law enforcement, either. They're there for support, too."

A key aspect of relationship building for many clients was that ACT Officers knew the clients' histories well enough to be able to provide concrete strategies to assist clients in crisis, strategies that went far beyond punitive sanctions.



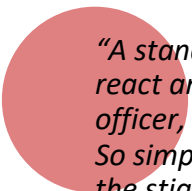
"Like, she's been through the court systems with them, and she develops a relationship with them, and so she knows if they're coming off drugs that day, if they're sick, if they need to get some drugs, if they need to get some food, like, I just feel like she develops real relationships rather than 'get going, hurry up,' you know, which is what some of the other cops treat people."

Clients often contrasted this relationship building with their previous experiences with patrol officers (not necessarily in Victoria), frequently stating that ACT Officers are generally more empathic, humane, and have better conflict resolution skills than other officers they have interacted with in the past.



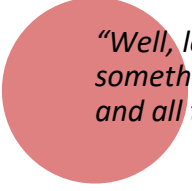
"I don't know if their training is different or if they're just different people, but it's a... I think it's a different attitude when police come along and are combative rather than when police come along and are friendly, you know?"

Some clients also noted that they tended to feel less stigmatized by ACT Officers and sensed that the officers understood that their erratic behaviour was often the result of mental instability versus intent to cause trouble.

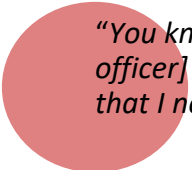


"A standard police officer is trained to react in emergency situations, and will react and respond accordingly. A psychiatrically involved... trained... police officer, to me, seems like they would have more empathy, right? You know? So simple... they've come closer to understanding and taking away some of the stigmatization of mental health, right, you know?"

Part of this relationship building also revolves around practical support that the ACT Officers were able to provide to clients. Clients felt that they could reach out to ACT Officers regarding legal issues, as well as at times when clients were feeling suicidal or having financial difficulties, and anticipated that they would be treated respectfully.

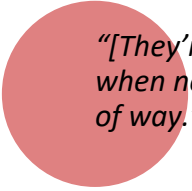


“Well, let’s just say, like, I got into trouble with the law, I got in a fight or something. It’d be someone you could talk to and find out what was going on and all that, you know. Someone that would treat you with respect.”



“You know, there was a time I was really suicidal and I phoned [an ACT officer] up and [they] was there for me in a heartbeat and got me the help that I needed, right?”

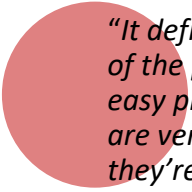
Within relationship building, a common sub-theme was the idea of compassionate limit-setting. Several clients commented that they appreciated that ACT police were able to set limits in a way that felt caring rather than abusive.



“[They’re] not necessarily bad guys, like aggressive, forceful. Maybe forceful when necessary but not necessarily forceful in a... trying to hurt people kind of way.”


Client Theme 2: Improving Safety

Clients frequently endorsed benefits of ACT Officers that included improved physical and emotional safety. For many clients, this revolved around creating a sense of safety for both clients and other ACT team members in common office areas. Several clients remarked that this improved sense of safety made it more likely that they would access services at ACT offices.



“It definitely makes the security guards that are there and, uh, the members of the [ACT teams]... they feel safer, right? You know? Because it’s not an easy place to walk into at times. There’s very difficult people that, you know, are very, very ill, whether that’s drug-induced or not, they’re still ill. And they’re not reasonable at times, and without that safety net of the police officers, you know, it would be... it would be worse for everybody I think.”


Further, ACT Officers’ compassionate limit-setting increased clients’ sense of safety in their community as well. Clients appreciated that officers would intervene to protect them from victimization or exploitation by dangerous people in their community.



“You know, I don’t do drugs, I don’t drink or anything, but every day I see the impact of that, and it affects me directly, right? In many negative ways. And when the police are there I feel much more safer and, you know, and, like the police are very patient and understanding with people. They’re not bullies in any way or anything like that, but, you know, they put their foot down when they need to, right? Which is good, and that gives me a peace of mind and security, right?”

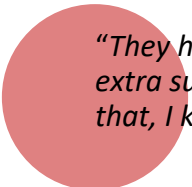
Client Theme 3: Connecting Services

Several clients remarked that the officers seemed well integrated into the ACT teams, and that this was a source of strength.




“They all seem to be of the same mindset, so they’re all working as one, right? The team spirit along with the PACT team... the police working with VICOT and PACT and everything, all together, you know, they’re just one great good team. It would be a terrible day if that ever got broken up.”

Within this theme, a common sub-theme was that ACT Officers could act as points of connection with other service providers.



“They have the connections, too, or whatever to get people hooked up with extra support, or whatever, if they need it in certain areas. They’re good at that, I know that.”

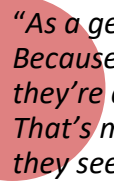
Clients also saw ACT Officers as helpful in communicating with patrol officers regarding their mental health status and violence risk, and could provide crucial context to lower the risk that the client would be traumatized during interactions with unknown patrol officers.



“It was a couple of times I reached out to [an ACT officer] when I was really in a bad shape, and [the ACT officer] made sure when they had to send the police to my place that they were informed on what I was like and, you know, which brought down the stress level for the police, right? That were coming to my place to make sure I was OK. You know, [the ACT officer] was able to say, you know ‘Hey, [client name], he’s not violent in any way and he’s...’ you know what I mean? ‘He’s just sick,’ right, and needs help, right? So, yeah.”


Client Theme 4: Preventing Harm

Several clients mentioned that the ACT Officers served a function of identifying and preventing problems before they escalated, instead of waiting to react to clients who had already decompensated, and that they did so in a caring way.



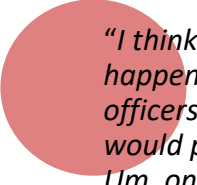
"As a general rule they were a lot more easygoing than I expect them to be. Because, like, I have this... I don't know what it is... a belief, maybe that they're an authority, and they'll, like, force people to do whatever they want. That's my expectation generally when it comes to dealing with the police, but they seem to be more about preventing harm, or further harm, and more caring than I anticipated."

Clients also saw ACT Officers as solution-focused versus punitive. This often enabled clients to see ACT officers as working in clients' best interests rather than as barriers to get around.



"They're looking for a solution. They're like 'you're homeless, what are we going to do?' Rather than 'get the hell out of here, now.' You know?"

One aspect of prevention that several clients mentioned was that ACT Officers were more likely than patrol officers to help clients stay in their homes when clients were in psychological distress. Maintaining housing and a general sense of dignity was seen as key to long-term wellbeing for many clients.



"I think it's great that they're on the team, because then if something happens, right, and the client's not well, say if I wasn't well, the normal police officers, they don't really, uh, they don't really take mental health... they would probably just take them to the hospital and not deal with the problem. Um, one working... one police officer working with the ACT team would be more understandable and be able to solve the problem without having to remove them from their home or make them feel alienated in a way."

3.2 Client Perceptions of Drawbacks of Police Officers on ACT

With respect to drawbacks, eight of the 21 clients explicitly stated that they believed there were no drawbacks to having officers integrated into the ACT teams (only benefits). Two clients did not have enough experience with ACT officers to provide specific drawbacks. Ten clients raised at least one drawback. In particular, six clients identified one drawback and four clients identified two drawbacks. Table 1 presents the main drawbacks identified by clients.

<i>Table 1: Client Perspectives on Drawbacks of Police Integration</i>
1. Risk of Consequences
2. Police Stigma
3. Re-Triggering Trauma
4. Not Available Enough

Four themes, in particular, emerged in our analyses of clients’ perspectives on the drawbacks of having officers integrated onto ACT teams.

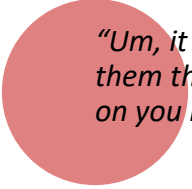
Client Theme 1: Risk of Consequences

One drawback to police integration on ACT teams mentioned by six clients was the fear of arrest or forced hospitalization by officers. As one client stated, ACT clients in general are concerned that the increased presence of police officers could increase the risk of negative consequences to clients.

“They’re [other clients] not very happy with the fact that VICOT team and other ACT teams are working with police involvement, because they now... now they don’t have any safety. They’re always at risk of being arrested. They’re always at risk of being put in jail, put on more probation, put on more conditions.”

Issues around privacy also came up as a sub-theme. Clients mentioned not wanting ACT Officers to know information about them from other team members, possibly due to concerns about illegal behaviour. This is likely a concern about any police officer, but may be exacerbated because ACT teams and officers work together so closely.

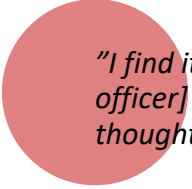
“Um, like once in a while I go up to the VICOT office where Our Place is, and, um, a couple of them have said ‘Oh, we’ve heard about you from the team’ or whatever, and that kind of made me feel uncomfortable because people were sharing information about me.”



“Um, it gets more information to the police and then if you’re honest with them that means the police will have that information and that could backfire on you if you’re doing drugs, selling drugs, stealing, and then...”

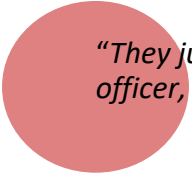
Client Theme 2: Police Stigma

Four clients mentioned concerns that people in their social circles would think they were “rats” or police informants if they were seen talking to ACT Officers. Despite the fact that ACT Officers are not in uniforms, clients generally felt that others in the community would know they were talking to a police officer. In fact, one client seemed to think that ACT Officers were “undercover” because they were not in uniform.




“I find it to be a problem because people start seeing me talking to [an ACT officer] at McDonalds and they... it brought me problems because people thought I was a rat because I was talking to a cop, so...”

On several occasions, clients mentioned disliking police being involved with their care, particularly when police came to their home or escorted them in the ACT Officer’s vehicle. This dislike may be due to feeling stigmatized or being treated as if they had done something wrong.



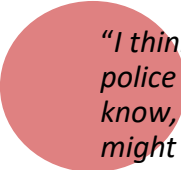
“They just come to my house and give me my injection with [an ACT] police officer, present. I don’t appreciate them bringing police officers to my house”.



“They brought a police officer to my house trying to use him as a taxi service to bring me to my [medical appointment]. I’m like, that’s not acceptable.”

Client Theme 3: Re-triggering Trauma

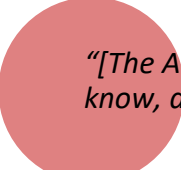
Three clients mentioned that it was difficult for them or people they know to trust ACT Officers because of past traumatic experiences with other police officers. Their general mistrust of police made it difficult to be around ACT Officers and challenged their connections with officers on the ACT team.



"I think some people who have had extensive negative experience with the police may be very, um, hesitant to open up with a police officer present, you know, I think some people who've had really bad experiences, I think they might be, like, 'I'm not going to talk if this cop is here.' There's a lot of hatred. If you've been beaten up, like, 10 times, you're not going to be like, 'oh, yay,' right? And maybe you put the first punch, but still... they were bigger, they had guns, you know, so, yeah."

Client Theme 4: Not Available Enough

Two clients noted that ACT Officers were not always as available as they would like. For instance, when clients contacted an ACT Officer for emergency reasons, the officer was already occupied and unable to provide immediate assistance. Interestingly, these two clients also identified the theme of re-triggering trauma, suggesting that clients with a history of police-related trauma might be most likely to perceive ACT officers as unavailable.



"[The ACT Officer has] too many things to do because there's always, you know, another person that needs something, right?"

4. STAFF PERSPECTIVES

4.1 Staff Perceptions of the Benefits: Essential Ingredients

Overall, 20 of the 22 staff members interviewed were unequivocally in favor of including police officers on ACT teams. Only one of the 22 staff interviewed was unsure if police integration onto ACT teams was a good idea. This staff member did not identify drawbacks, per se, but they were not convinced that police integration facilitated care. One other staff member expressed reservations about the practice of including police officers on a healthcare team, but felt that on balance, the officers brought more benefit than harm. Staff offered comments such as *“I see them as an asset... a great asset,”* and *“I think they’re an invaluable resource on the ACT teams,”* and *“I’m painting a positive picture... because sincerely I think that, um, that is very positive to have officers integrated onto the team.”*

We identified four ingredients of ACT Officer integration on teams that influenced staff perceptions of the benefits and drawbacks. Figure 2 shows these four themes. Each of these themes, alone and in combination, was associated with perceived benefits.

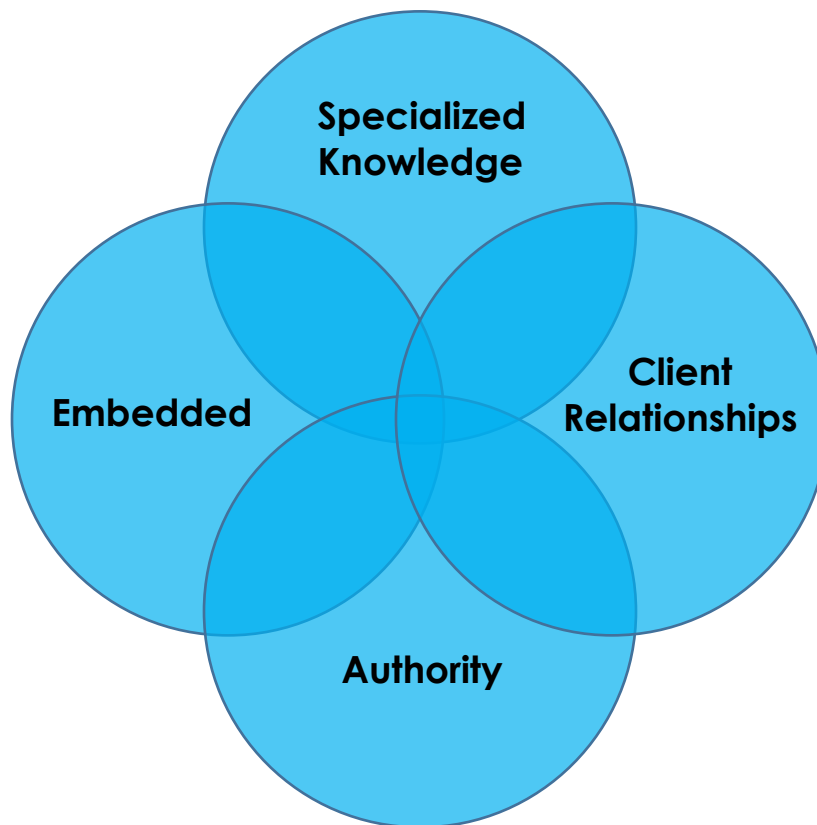



Figure 2. Themes associated with **staff** perceptions of benefits

Staff Theme 1: Specialized Knowledge

Approximately two-thirds of the staff spoke about how the police officers brought specialized knowledge of the **legal and justice systems** to the teams. For example, they taught staff and clients about the nuances of issues such as arrests, warrants, and protection orders, they helped interpret reports from the Police Department, and they helped clients prepare for and navigate the Victoria Integrated Courts. Several staff spoke of the excellent training that police had (e.g., drug education, de-escalation, etc.), which they brought to the teams. In addition, the ACT Officers had connections with other resources that are not typically integrated into healthcare, which increased options available to clients.

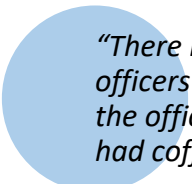


“Being able to have them contact whoever they might need to within their agency for additional support or information makes a huge difference, and it makes a massive difference to what the client’s experience is, as well.”

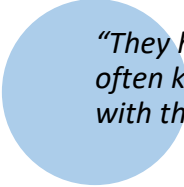
Staff Theme 2: Relationships with Clients

Across interviews with staff, it was clear that staff viewed supportive relationships as an essential part of why police integration was beneficial. The vast majority of staff spoke about the care taken by ACT Officers in building relationships with ACT clients. From the staff’s perspective, many clients viewed the officers as friendly, respectful, and patient. Staff perceived the ACT Officers as having familiarity with mental health and addictions that patrol officers historically have not necessarily had. They understood that many clients have a history of trauma, and that they are unwell, rather than defiant. As a result, their interactions were supportive and not aggressive. A few staff even stated that ACT clients sometimes prefer the officers to the other team members.

Consistency of police presence was one key to building strong relationships. ACT Officers have more opportunity to build relationships than do patrol officers. Staff explained that in some cases, the ACT Officer was one of the most consistent people in a client’s life. Because the ACT Officers were around on a regular basis, they could make themselves known to clients in a casual manner and build rapport proactively, outside the context of police intervention. Many staff spoke about the ACT Officers taking clients for coffee, giving them a ride in their car, or helping them clean their home. These small gestures built trust and a sense of community.

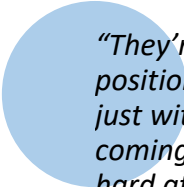


“There is a relationship that is built with the clients that the clients know the officers as people and not just officers. I’ve sat down countless times where the officers offer meals and sat down with them and joined them, or we’ve had coffee or gone for a walk and laughed... they see them differently.”



“They have a great rapport with our clients, with our folks, because they often know our clients better than we do because they’ve come into contact with them on a daily basis.”

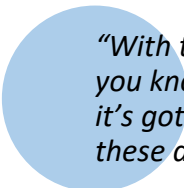
In addition to being a consistent presence, staff viewed the fact that the ACT Officers ***dress in plain clothes*** rather than uniforms as key. Staff considered uniforms to create barriers to relationship building. In addition, staff discussed the importance of the officers being as unobtrusive as possible so that clients did not get pressure from others for being friendly with the police.



“They’re in plain clothes, I think is a benefit because it doesn’t put them in a position of power, which I think is really important with this demographic, just with trauma and their experiences with police and stuff, so when they’re coming from an equal plane, the relationship piece, our officers work really hard at building, like, really good, therapeutic, non-judgmental relationships.”

Staff Theme 3: Authority


A third building block of police effectiveness was the authority that comes with being a police officer. Approximately half of the staff mentioned this theme. As members of the police force, the ACT Officers have the power to give consequences to clients. Thus, police authority allowed the ACT Officers to ***set boundaries effectively with clients***. Many staff reported that clients listened to the ACT Officers because of their authority, perhaps more than they listened to other ACT team members. Some staff felt that the “mere presence” of an ACT Officer had a calming effect on clients, as they were less likely to “react” when the ACT Officers were present, which resulted in fewer disruptive exchanges that interfered with clients’ meeting their goals. Staff reported that sometimes the authority of the ACT Officer was enough to encourage clients to comply with treatment or deter an aggressive response (for instance, if the client was frustrated about the management of their money). In some instances, staff saw the ACT Officers as drawing firmer boundaries for clients than did other staff, who were seen as more willing (or too willing) to negotiate. One staff member described seeing firm boundaries help clients learn accountability and responsibility.



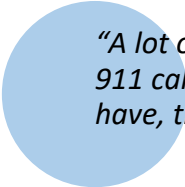
“With the officers it’s pretty straight and cut and dried, and so they kind of, you know, after having a few dealings, the client knows, ‘OK, well this is how it’s gotta go’ or ‘this is how it’s gonna be’ or whatever, and ‘if I don’t, then these are the other consequences that’ll happen.’”

Staff also viewed ACT Officers as extremely skilled at ***de-escalating*** situations due to their police training. As a result, the officers resolved potentially volatile situations before they

became too disruptive or violent. Their ability to de-escalate situations helped not only the client in question, but also others who may be in the vicinity. For example, some staff described how the ACT Officer's ability to diffuse situations with clients who were using drugs before they "*smash a door or go outside and they hit somebody just out of frustration*" benefited for other vulnerable individuals who are in the area as well.



"As soon as they arrive they just seem to... they'll have a conversation with them and it ends. It's not like having a beat police officer here."



"A lot of times there might be, you know, a crisis or right before it gets to a 911 call or something. And of course they have an amount, as police officers have, training that none of us have, so that's extremely valuable, you know?"

Staff Theme 4: Embeddedness

The benefits of *Specialized Knowledge and Authority* are grounded in the ACT Officers' training as police officers and members of the Victoria Police Department. As such, any police officer assigned as a liaison to ACT teams could theoretically achieve those benefits. However, it was clear that strong relationships with clients and staff were essential to fully realizing the benefits. These crucial relationships are represented in the *Relationships with Clients* theme and the current theme: *Embeddedness*.

As an integrated member of the ACT team, the majority of staff viewed the ACT Officers as integral, trusted partners whose involvement resulted in better services to clients. Staff appreciated the unique perspective that police officers brought to team discussions. The consistency of dealing with the same few officers was seen as a benefit. The staff perceived a shared focus on how to best support clients, collaborating to determine the course of action that would be in the client's best interest.



"Our police officers have a huge rapport with us and with our clients."

The fact that the officers were team members meant that ***communication was a two-way street***. Just as the teams received policing information from the ACT Officers, the police received valuable healthcare information from the teams. This mutual exchange allowed for more holistic care to clients.

“With ACT teams...you’ve got, um, that co-education going back and forth where, um, the culture and the attitudes and the way of speaking and treating people, um, there’s a greater potential for an increase in respect that can occur.”

“We have an opportunity with our police officers to say, well, “this person’s doing this but you need to understand what’s happened to this client in their life or in the last few days for this behavior to maybe make a bit of sense,” and that’s not to minimize client’s, um, behavior, if it’s criminal, but I do think there’s a value, and I think the police value hearing about the person, hearing about the human being.”

4.2 Staff Perceptions of Benefits: Outcomes

Collectively, the four main themes contributed to a variety of **outcomes** that were beneficial to clients and staff members. The benefits associated with these outcomes, in turn, had a variety of important long-term **impacts** for clients, the staff, the community, and for the systems in place to assist clients. Figure 3 shows a myriad of positive outcomes that staff saw as emanating from the four themes, alone or in combination.

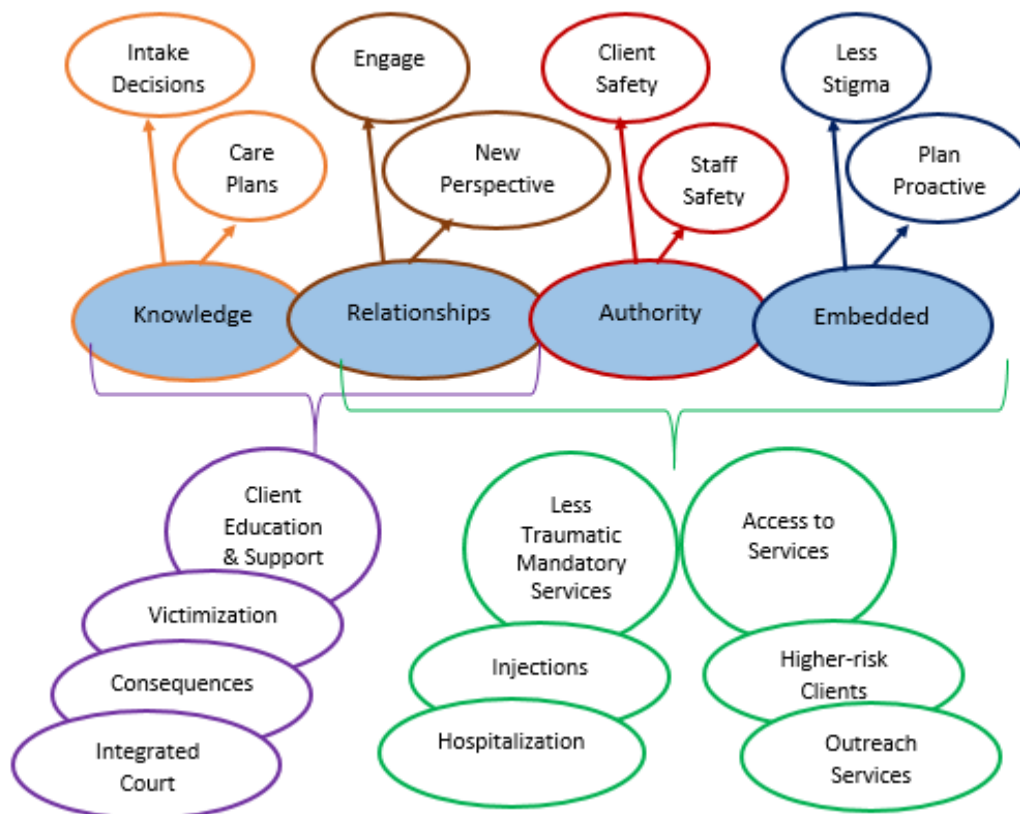
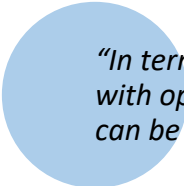


Figure 3. **Staff** perceptions of beneficial outcomes of police integration

A. Intake Decisions

The ACT Officers' specialized knowledge relative to other team members assisted the team with intake decisions. That is, the ACT Officers provided information to other ACT staff that helped the teams make decisions about intake referrals and informed their treatment plans. In terms of **intake decisions**, staff members talked about how the police provided information about a potential ACT client's history of interaction with the police, which gave a more complete picture of the prospective client when added to the medical history intake information. Thus, the teams were able to make informed decisions about who to accept onto ACT teams and what types of support might be necessary. For example, a prospective client might be just shy of the required number of days spent in hospital to meet ACT criteria, but the team was able to see from police reports that the person had contact with police many times a day and that the police were reporting increasing psychotic symptoms. In this case, even though the person had managed to avoid hospitalization, the team could see that they were a good candidate for the ACT model. Other times, knowing a client's history of interactions with the police gave insight into some of the challenges that the person was dealing with, such as their history of victimization.



"In terms of our risk, I find that really helpful ... they [the team] can go into it with open eyes rather than just trying to figure it out as they go along, which can be dangerous."

B. Care Plans

The ACT Officers had previous knowledge of many clients who came onto the ACT team and this knowledge helped shape care plans. As one staff stated, *"all of our police officers have worked here for a long time, and Victoria's not a very big place, so they usually know them."* For example, the ACT Officers may know important aspects of a client's background that help the team to understand the client's needs and the potential protective factors in their lives.

For both new and existing clients, the ACT team officer's access to police records **informed the teams' daily care planning**. For new clients, police information helped the teams be transparent about the risks presented by a client. For example, for a new client who had recently assaulted 10 people, planning would be different if all of the assaults related to arguments over drugs rather than all of them being directed at healthcare workers when receiving medication. In general, ACT Officers shared information about contact ACT clients had with the police department. This information helped staff to know what was going on in a client's life and to plan the client's care proactively. For example, if the client had interacted with the police overnight, the team could offer to support the client around that experience.

"They [ACT officers] can quite often have different knowledge. They might be able to add more of a social history than we could... might not have access to, and because ... mostly they've had a lot of interactions over a period of time, and they'll be able to offer very valid [information]... from personal experiences, as well, and say "oh, no, there's an uncle here, and someone there" and then they bring that experience together with us working on the team, um, they'll quite often be able to pick up on nuances and other aspects of care that we might not be able to."

"The police attend our ... group meeting of all the staff that occurs weekly for each of the teams, and so the police are able to provide some information, um, they're able to share some about what might be happening for that... that patient in terms of their criminal justice involvement, much in the way that the probation officer that we have on our service is able to update us in terms of their probation involvement, so the police are certainly able to help alert us to concerns...so we can modify our service plan."

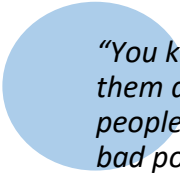
C. Initial Engagement of New Clients

Staff viewed the strong relationships that ACT Officers form with some clients before they are on the team as *facilitating initial engagement*. Certainly, for some clients, the presence of police on the teams could be a barrier to engagement (discussed later). However, staff identified a subset of clients for whom the ACT Officers were essential to initial engagement onto the teams. In these cases, the ACT Officer's pre-existing relationship with a client was the only reason the client was willing to consider communicating with the ACT team.

"I've seen some of the most street entrenched people go up and give our police officers handshakes and acknowledge them on the street so, I mean, uh, I think that... that if anything it enhances just that relationship and feeling valued, that you're saying "I'm the same as you are. Just because I'm a police officer doesn't make me different.""

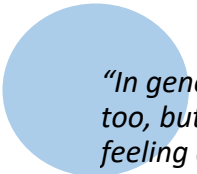
D. New Perspective on Police

One of the most consistently mentioned benefits of strong relationships was the role these relationships played in fostering a *new perspective of the police* among clients. Many staff spoke of how positive relationships with the ACT Officers seemed to serve a corrective role for clients who had previously had negative experiences with the police. Staff reported that clients' perceptions of the police shifted in a positive direction as clients experienced officers as supports and advocates, and not exclusively in enforcement roles. For clients who had a history of negative interactions with the police, building trust was acknowledged to take a considerable amount of time. However, when clients had a mistrust of the police, staff perceived respectful treatment by the ACT Officers as very powerful.

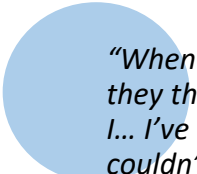


"You know, at first you would think that the clients would be not wanting them around, but these officers are street-wise, they know how to talk to people, and our clients figure out they're there for them. They're not the big bad police officer who wants to put them in jail, that's not their role. Their role is to protect them and help them as well as protect society, so they figure it out."

Interestingly, several staff mentioned that ***their own views of the police had also changed*** because of working with ACT Officers.




"In general my feelings about police, and maybe working with these guys, too, but I would say over the last few years my... I have a much more positive feeling about police than I used to have."



"When I first got there, I was like 'oh, what are they doing?' ...like 'what are they thinking?' And I... you know, I can't imagine them not being there. And I... I've done a complete 180 and I can also see how these ACT teams... they couldn't function without those people."


E. Client Safety

Staff felt that the authority of ACT Officers to enforce limits and their de-escalation skills enhanced the safety of everyone. In particular, staff spoke about how police presence was valuable for helping vulnerable ACT clients feel safe. The lobby of the ACT offices downtown was seen as a space where safety issues were prominent. Too much violence or the threat of violence in this small space was a deterrent to some clients to keep appointments. Therefore, staff viewed the ability of ACT Officers to help maintain safety in the lobby as an important aspect of keeping services accessible to all clients.



"It's very scary, um, to have an altercation in our lobby that's so small, and clients all sitting there. It's extremely traumatizing for them."

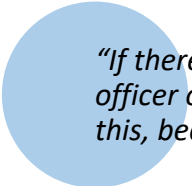
A few staff shared the perspective that having officers embedded on the team allowed the teams to provide safety to staff without criminalizing the clients – that is, without sending the message that they have done anything wrong.




"As far as calling the community police, well, they're not doing anything that's breaking the law per se, so there's not... there's no, sort of, action they could take for that, so our police are just insurance. Safety providers, really."

F. Staff Safety

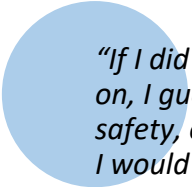
Nearly all of the staff discussed the various ways in which police integration on ACT teams enhanced the safety of the staff. Even the two staff members who did not have safety concerns for themselves recognized the value of ACT Officers for their colleagues. Several staff reflected that even when they had a good relationship with a client, psychosis or drug use could lead to agitation, aggression, and otherwise unsafe encounters. Staff reported that the current opioid crisis and the increased use of crystal methamphetamine in the past 18-24 months has exacerbated these risks. Many staff saw having officers present as critical to enabling ACT team members to deliver their services. The personal safety of staff could be compromised by a client who was unwell, such as a client who is experiencing psychotic symptoms and not accepting help, or by a person who is not on an ACT team that staff members encounter in the course of doing their jobs (e.g., someone near a client's home). Sometimes the need for police assistance was triggered because there was a "health and safety alert" associated with a client, and other times the concern was triggered by the staff member's experience and instincts (e.g., the client had not been seen for medication in several days and they were "not themselves" the last time they were seen). In all of these situations, many staff members appreciated the extra security and peace of mind that ACT Officers provided. Enhanced safety for staff likely has the additional benefit of lowering staff turnover, which is important for maintain consistency among the supportive people in the lives of clients.



"If there's any risk of violence from any of the clients, there should be a police officer on the team for sure. And... to me, it's non-negotiable, and I've learned this, because I came into it with the opposite perspective."



"I like the fact... the security of knowing that I have an officer on my team that knows the clients, knows all of us individually and supports us."



"If I did not have community officers, officers on the team, and I had to rely on, I guess, more security forces or if I had to rely on, like, peer support... for safety, or to help me work with a situation of conflict... I would probably quit. I would not feel safe anymore."

G. Less Stigma

Some ACT clients will have police contact whether or not an officer is integrated on an ACT team. In these cases, staff identified advantages of having officers embedded as an integral part of the ACT team compared to relying on patrol officers for policing services. For example, several staff talked about their perception that the *stigma of interacting with the police was reduced* because clients saw the officers as part of the team. A few staff also discussed how the obvious comfort of team members with the ACT Officers had a positive effect on clients.

"The client doesn't see it as "oh, you've got police protection." They just see it as another [ACT team] person coming."

"So, yeah. The client would see that another team member is comfortable with this police officer and that they're on our side, and that they're not gonna suddenly pull a power struggle, which I'm not saying all police do, but some do, right?"

The fact that the officers are part of the healthcare team also meant that clients were *"treated as healthcare rather than criminal"* when police had to be involved. Staff perceived a difference in how ACT Officers approached clients and conceptualized their task, compared to patrol officers who may not have had the benefit of extensive knowledge of a client's treatment plan and life circumstance. Because they were integrated, some staff felt that the teams were able to gain the advantages of police services while minimizing the risk of criminalizing mental health and substance use issues.

"It builds that sense of community, knowing that they're [ACT officers] not outsiders to this world, because this is a whole... this is a world here. Its own little... and it makes police part of that, and not that they're the outside."

H. Proactive Planning

Another core benefit of having officers embedded as members of the ACT team was that the officers were *accessible*. When officers were part of ACT teams, teams could plan proactively to minimize risk and enhance client care, and ACT Officers could respond quickly in an emergent situation. Many staff commented on how this accessibility meant that officer involvement could be quick. The staff knew they would get a rapid response to questions and requests from ACT Officers and teams could get clients treatment more *quickly* in emergent situations. Furthermore, the accessibility meant that there was predictability. As a result, ACT teams could manage their time well and *plan proactively*, rather than waiting for a crisis. That is, teams knew when they

would have access to an officer and could plan their services better as a result. The result was smoother, more coordinated services for clients.

"We're also able to get people up to the hospital quickly, um, when they're decompensating because we have police officers here. If somebody was, um, not doing well with their mental health status and I just said "oh, I gotta get them up to the hospital" the difference is between me waiting an hour for police to come... I can't put them in my car when they're like that, but if I have to wait an hour, something bad is going to happen."

"If we were waiting for the report desk to help with getting a warrant out and then waiting on the communication to see if they got them to hospital, like there's all these large, huge gaps, and whenever there's a bureaucratic gap, um, that actually is worse for the client."


I. Client Education and Support

Several staff provided information on ways in which ACT Officers advocated for ACT clients. The examples they provided painted a picture of different ways in which ACT Officers honoured clients' rights, dignity, and freedom to make choices for themselves. These benefits would not be possible without the ACT Officers' relationship with clients, their accessibility, and their specialized knowledge.

Educate about rights and assist in reporting victimization. ACT clients are some of the most vulnerable members of society, and several staff observed that the ACT Officers provided clients with a non-threatening option for reporting crimes to the police. ACT Officers shared knowledge about how to make a report and of what to expect in the process. Even more essential than the information was the relationship that ACT Officers had with clients – staff viewed the trust in this relationship as critical in a client's willingness to talk about victimization experiences. More generally, staff reported that the ACT Officers educated clients about their rights, which communicated to clients that they were valuable, and may have helped them to feel empowered.


"A lot of those assaults would not have gone reported, but when we have a police officer here who's trusted, OK, let's go talk about it, not being, you know, under these lights in the police station. Just here or out on the street, "K, let's get your statement." So it really bridges that gap, as well."

"We can just show the clients if they're being bullied, being misused by drug dealers trying to hone in on their housing and that, you show up with an officer in uniform and nudge them along and give them the idea "hey, this is not the place for you to try and squat," it helps."

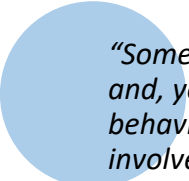


"Lots of our patients, there's been multiple traumas, right? These are a traumatized lot, whether it is getting dragged off to hospital or dragged off to jail, but lots of them, you know, life on the street, they've been victims of assault and childhood violence that has put them at risk of developing these disorders that they have, um, sometimes, you know, it's just helpful to bring our officer just to talk with them about a process of being victimized and knowing what their rights are."

Educate about consequences. Staff described how ACT Officers also used the combination of strong relationships with clients and their law enforcement knowledge to explain to clients the potential consequences of activities in which they are engaged. Rather than just being punitive, ACT Officers could explain what will happen if a behaviour continued, offering the client the opportunity to make the choice to change their course. For instance, a prominent domain of education concerned factors that could get one evicted from their home. Several staff described times when an ACT Officer explained the need to maintain minimal standards of cleanliness in the home, and to allow others (such as pest control) to enter the premises, in order to maintain housing.

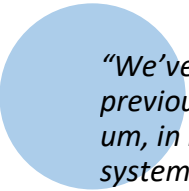


"I was able to go with police to her apartment, and the police officer was just able to tell her, you know, "these are the risks, this is what's going to be the outcome, you could be charged," and the client herself made the choice [to change an aspect of her behavior], so I think in those kind of instances we can avoid some of those police contacts or, like, risk to other people"



"Sometimes we just go with the police and talk to them about consequences, and, you know, what might happen if they continue with that sort of behavior, um, I... you know... I think... as a rule our people's criminal involvement goes down over time with the involvement of the team. Do police help that? I think so. I do."

Represent clients in the Victoria Integrated Court (VIC). The ACT Officers served as representatives for ACT clients who were involved in the integrated courts. Staff reported that the ACT Officers knew the judicial system very well and were more confident in it compared to other ACT staff, so that their assistance was highly valued. Staff reported that some clients felt supported by the presence of ACT Officers and benefited from seeing the Officers advocate for them in court. Staff indicated that the officers knew the clients well and offered in depth reports to the courts, which helped the court make determinations regarding probation terms or other sentencing decisions. One staff mentioned that ACT Officers were able to validate team member perspectives on a client because ACT Officer's opinions *"don't get challenged because they're part of that system, or it rarely gets challenged, so it's kind of more reinforcing."* One staff member mentioned that another benefit of the support that the officers brought to teams in the VIC was that it freed staff up to engage in more clinical care.

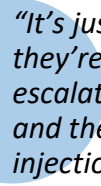


“We’ve been able to engage in the integrated court system in ways that we previously couldn’t, because the police offer a lot of collateral and support, um, in being able to go and support the clients in the integrated court system.”

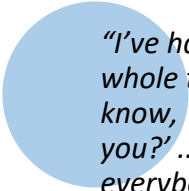
J. Less Traumatic Mandatory Services

In the ACT model, there are several mandatory aspects of treatment, such as agreeing to take medications to control psychiatric symptoms. In addition, the teams work under the Mental Health Act, which authorizes medical personnel and police to admit individuals to the hospital involuntarily if they are a risk to themselves or others. Staff consistently highlighted the role of ACT Officers in making these mandatory services less traumatic for clients. In both examples, police were called on because of the authority that they carry. However, in both instances, the benefit was grounded in their positive relationships with clients. That is, compared to patrol officers who come in for a specific task, ACT Officers were seen by staff to be more effective at reducing risk and maintaining calm because of their established relationships with clients. In addition, ACT Officers’ trusted relationships with staff and their accessibility were also essential.

Injectons: Medication compliance. Staff stated that many clients do not like taking their medication, and sometimes they bring ACT Officers with them to medication administrations to help ensure that clients comply. Staff frequently indicated that they felt police presence was able to contain the situation effectively so that clients did not become agitated or violent. This was offered as an example of how the ACT Officers’ calming presence prevented escalation.



“It’s just that authority, almost... it just... it doesn’t let them escalate, so they’re actually more calm because they realize ‘there’s no point in me escalating, because I could just get arrested, so I’m not even going to bother’ and they remain calm and just say ‘OK, take it, like give me the stupid injection.’ They might swear, but they’re not to that point that they’re just so angry.”



“I’ve had, uh, injections where the officer has been talking to the client the whole time, carrying a conversation, you know? And after getting the OK, you know, ‘Are you OK with me giving you the injection? Am I safe giving it to you?’ ... all of those things that you would do as a nurse to make sure that everybody’s on the same page, but the person’s really anxious and they’re a little agitated, the officer will be a distraction, ‘Hey, tell me about this. That’s a cool shirt you’ve got on,’ you know, ‘What are you going to do later on?’ kind of thing.”

Importantly, staff also viewed ACT Officer’s presence during medication injections as beneficial to the staff who were administering the injections by increasing their safety.

"They usually stand by, you know, some of our people come from pretty horrific violent histories, and, or forensics, so often we'll have the police just stand by just in case... in case it's not going well, or in case our safety becomes at risk, or the safety of the client, say they're paranoid and stuff, and they deem you as a threat, then the police officers are there to step in to help."

"A lot of our people, um, some of them don't like having the injections, so it can be quite a vulnerable place to be in as a nurse, so the police are there just as standby and support."

Staff stated that without police presence, some clients would not receive their medication, which could undermine their stability. In addition to affecting their health, when clients who are certified under the Mental Health Act (and are on extended leave from the hospital) refuse their medication, a warrant is issued to bring them to the hospital involuntarily for their medication. Staff described this as typically a stressful and traumatic experience. They indicated that it could take several hours to several days for a patrol officer to respond to the warrant. Thus, although it is not ideal, many staff viewed the use of ACT Officers to standby during medication administration to be more supportive to clients than the alternative. That is, ACT Officers allowed clients to obtain the benefit of medication right away, rather than wait an unknown period without medication, only to be taken to hospital by an unfamiliar officer to be forced to have an injection. In the experience of staff who had seen both pathways, the one in which an ACT Officer was present for the injection was considered to be less traumatic.

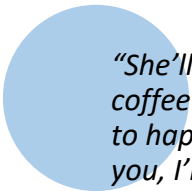
"If we have somebody that's really volatile, has a history of being volatile for their injection which is every month and it's always a big scene, or in the sense that lots of yelling and screaming and swearing and stuff and the person might, you know, acting out, kind of stuff, if we don't have a police officer around then we'll usually just not even attempt it, because it's... it's stressful on the client, it's stressful on the nurse, it's unsafe."

"Having them able to mental health arrest people and bring them to hospital immediately, I think, that allows them to have shorter periods in the community unwell, um, so we get them right away, and we get them back out in the community, going back into a life, so, um, maybe one day in the hospital versus two months in seclusion if they've gone a month without their medication, so all of those things really, really do add up."

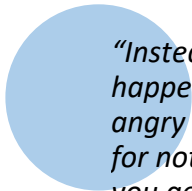
Hospitalizations. Staff discussed the need sometimes to hospitalize an ACT client involuntarily. The Mental Health Act authorizes the police to apprehend people for this reason. As with medication administration, staff described this situation as traumatic for clients. The majority of the staff discussed the ways in which the involvement of ACT Officers, rather than patrol

officers, in this process diminished (but did not eliminate) the distress.

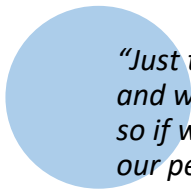
As with injections, the quick access to trusted police assistance meant faster care and less time on the streets unwell. In addition, staff viewed an escort to the hospital by an ACT Officer to be less stressful than an escort by a patrol officer because the client usually knows the ACT Officer. Further, because of the access ACT teams had to their officers, teams could schedule and plan for when the apprehension would happen. Staff considered this more humane for clients because the clients received treatment more quickly and did not experience a period of hours or days not knowing when a patrol officer would pick them up. Finally, a few staff mentioned that the hospitals were helped as well because they could plan for the admission – the teams could alert the hospital when they were coming, which was not possible when patrol officers were taking the clients to the hospital.



“She’ll [ACT officer] take maybe 45 minutes with the client. “Let’s go for coffee first, let’s go for a cigarette first, and then let’s talk about what’s going to happen and what this is going to look like. So I’m not going to handcuff you, I’m going to put you in the front car...and we’re going to drive up to the hospital, you’re being certified” just a very gentle approach.”



“Instead of being a violent take down, which is historically what has happened, it was very peaceful, um, and the person reflected... he was still angry that the [ACT team] police arrived, but he did say “thank you very much for not putting me in handcuffs” and then there was a joke, well “hey, when you get out let’s go for a coffee,” and the guy was like “yeah, that’d be great.”

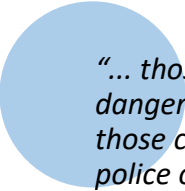


“Just the fact that we can transport our patients with people who we know and who know the clients... who’ve developed relationships with the patients so if we need to admit someone to the hospital it is so much better to have our people who can... who won’t handcuff them, for example, unless it’s necessary, but, you know, who can chat with them and say, “I know you’re not going to hurt me. I don’t think I need to put a handcuff on you,” etc., etc. Take them to the hospital when they need it in an empathic way.”


K. Access to Services

The combination of strong client relationships, embeddedness on teams, and the authority and skills associated with policing enabled ACT teams to provide more services to more people when an officer was part of the team.

Accept higher risk clients. A commonly mentioned benefit was that ACT Officer involvement allowed the teams to accept clients into the program who presented a greater safety risk than they would typically allow. That is, knowing that the teams would have accessible and skilled officer support, they were willing and able to admit clients who had a higher-risk background, such as a history of violence.

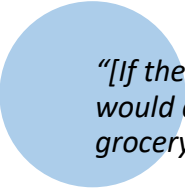


"... those clients would not have been accepted because they're too dangerous. Because [our ACT team] does have police they can... they can take those clients. I mean, how would we see someone if the alert is "see with police only?" We wouldn't be able to."




"[We can reach] clients that were never served by anybody, would never interact with our teams, would never take medication, would never take programs, would never be seen by a psychiatrist, would never be found that they even have a mental illness underneath all the drug use, if it wasn't for our police officers."

At times, current ACT clients have a "no contact" order due to the risk of violence. In these cases, without an officer, the clients would not receive services until the order was lifted. Thus, the ability to arrange easily for an ACT Officer to accompany staff to see the client enabled that higher-risk client to receive needed help. This was one of many contexts in which staff mentioned the importance of the ACT Officers' pre-existing relationship with clients; staff saw being familiar to clients, and in some cases trusted by clients, and being in plain clothes, as an advantage in delivering services to clients during periods of volatility.



"[If there was no officer available] we would probably not contact, and that would affect a client getting their medication, that would affect a client going grocery shopping, going to psychiatric appointments... it would be not good."



"We have quite a few clients where the police are actually written into their care plans, um, who we wouldn't be able to serve if we didn't have them, so it would really change the way that we work if they weren't a part of our teams now."

Offer outreach services in high-risk situations in the community. Staff reported that the safety fostered by the authority and de-escalation skills of ACT Officers promoted ***access to more outreach services*** than would otherwise be possible. Outreach services are an important aspect of the ACT model; being able to provide services to clients in the community rather than only in professional offices enhances client care. Examples of outreach activities include home checks to help clients keep their housing (for example, by making sure there are no hazards, or that the home is not unhygienic) and welfare checks when a client has not been seen for several days. Other times outreach is a necessity because the client is too unwell to keep appointments or because they have been temporarily banned from the ACT offices due to past violence. Sometimes entire buildings are deemed unsafe to enter without police presence. These judgments

are not necessarily based on the client specifically; often it is the other people who co-reside with the client that are considered to create risk. Nonetheless, these situations mean that clients are less able to receive outreach services. Many staff members discussed ways in which ACT Officers made outreach possible.

"There are buildings that we are not able to access or enter without police support, so if that were the case without our ACT police, then we would, again, have to ask for an officer to... and we would have to wait for them to be available to do it, so, I mean that changes things very much."

"Most of our clients are really disorganized and they can't come meet us at 2:00 wherever, so we have to just go find them, and that can be challenging if they're living in dangerous areas."

"I've gone into some situations, to some buildings, that I will not go... I will not, as a worker, go in without an officer. I won't. And I'm not gonna use an officer that's in normal police clothes, because it's just going to elevate the situation, because if I was slingin' meth, I wouldn't want an officer."

In addition to more services, staff saw outreach as leading to **better services**. For example, staff explained that seeing clients in their homes helped build rapport and helped team members understand more fully the client's life circumstance, which could enhance their ability to help. In addition, home visits enabled staff to monitor the safety of a client's living environment and assist as needed (one example given was observing evidence of a small kitchen fire). According to staff perspectives, barriers to providing outreach services diminished client care, and ACT Officers were critical to overcoming these barriers.

"It also gives us access to people who we maybe only would've met, like, we had clients who we'd only meet at probation behind glass, so it's really difficult to build rapport with someone when you can only meet them in that secure setting."

"When you see someone in their home you get such a better picture of how they're actually functioning and what's going on in their life and what their needs are."

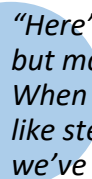
4.3 Staff Perceptions of the Benefits: Impacts

ACT Officer integration was seen by staff to be an integral part of the improvements clients make on ACT teams. Staff considered these improvements to have a number of long-term impacts for clients and the community. In addition, a few staff identified broader impacts that police integration had on the overall functioning of the policing and healthcare sectors.

Client Health, Housing, and Legal Functioning

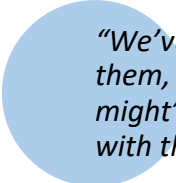
Staff members mentioned numerous ways in which police officer involvement on ACT teams helped to prevent worse outcomes and to promote health and stability for clients.

Crime, drug use, violence. Several staff discussed how the presence of police officers on ACT teams deterred larger crimes, some drug use, and violence. Staff offered several reasons. For one, police are able to give consequences for behaviour, which staff saw as an incentive for some clients to “tow the line.” In other cases, staff attributed decreased crime and violence to the fact that clients were more stable, and viewed the ACT Officers as an important part of achieving that stability. Another attribution for this preventive function was the strong relationships that the officers have with the clients. That is, a few staff felt that clients did not want to disappoint the officers due to the respect that they have for them, and therefore did not engage in serious criminal activity.



“Here’s the big overarching thing... it makes them not respect the law more but maybe think twice before, like, breaking and entering, or something. When clients get arrested, what I overhear is usually it’s for either petty theft like stealing a bike or drugs. It’s not so much the violent crimes, because we’ve been able to keep them, you know, kind of on an even keel a bit.”

Maintenance of housing. For reasons mentioned above, the home visits that are facilitated by officer presence on ACT teams are believed to help clients keep their housing in some circumstances. For example, the ACT Officers educated clients about rules and assisted with maintaining cleanliness. ACT Officer assistance in cleaning homes was viewed by staff as particularly powerful, perhaps because clients view the officers as helping because they care rather than because doing so is part of their job description.



“We’ve had a couple clients that we’ve had police come with us and talk to them, so it’s been able to kind of maintain their housing situation, they might’ve had unwanted guests in there and we can have our officers liaise with them and, um, you know maintain their housing.”

Hospitalization and destabilization. Staff viewed officer involvement on ACT teams as helping clients maintain stability and thus, prevent hospitalization. ACT Officers helped with this in part via their role in facilitating medication compliance. In addition, staff described how ACT officers helped to prevent destabilization because they knew clients’ triggers and could help teams plan accordingly, they went into the community to find clients who had not returned for

treatment, and they escorted staff to wellness checks in unsafe areas. When a client was destabilized, staff considered ACT Officers to have a role in preventing further deterioration by helping clients access services quickly, as previously discussed.

"They get to know their triggers, they get to know what de-escalates them. They get to know their patterns, so if they... if you just had any street cop they wouldn't know those things, so I think the risk of violence would go up and just having things go sideways, I think yeah."

"Outcomes can be improved, especially when they can help us, um, recall our patients for care as I had mentioned earlier in terms of the patient who's on extended leave, so they can help us get the patient back into care earlier, rather than later, so we can have greater success of, exactly, averting crises or... or, um, preventing a patient's decompensation from worsening."

Primary care. A few staff described how ACT Officers helped prevent physical health problems from worsening by assisting clients in obtaining primary care services. For example, staff shared stories of times when ACT Officers were essential in helping clients obtain care for Hep-C and HIV.

"A client that we're trying to get a Hep C treatment for, um, but is unreliable in terms of their aggressive behaviors, the police will help us escort them to the hospital to get them care, so yes, it can mostly offer increase in health services in their primary care."

Enhanced Community Safety

Staff also articulated the positive impact of ACT Officers' ability to effectively intervene in volatile situations for other vulnerable individuals who were not ACT clients, as well as for the public.

"They've [ACT officers] been so valuable in being able to build relationships with the people that need the help. Really, we wouldn't have been able to do it without them, and it's so important, and I think... because they're able to do this, it makes the entire community a bit safer, you know, so, you know, from a broad perspective, their involvement really contributes to, really the safety of the whole community on the streets."

"Because the kind of clientele that we're taking onto the teams that require police support, um, are pretty high profile clients out there in the community, and when our engagement... and we're starting to be able to manage and support and... with a lot of them, critically manage their medications and their medical health, that then reduces some of the behaviors the community's seeing."

"The police, especially ones who have quite strong mental health, um, backgrounds, are able to manage situations where psychiatric status is at play...they're better able to recognize when that's happening and avert some of the more tragic outcomes that we're aware of. They're able to de-escalate, and because we work with some of the higher profile patients in the community and they have those relationships, they might be more successful at de-escalation in the community and that's positively impacting on other people who might be... just happen to be at a certain place at a certain time and there's a situation with one of our patients unfolding."

Policing and Healthcare Systems

Several staff highlighted ways in which police integration on ACT teams benefited the wider healthcare and policing systems in the community. They spoke about the benefits of bringing together different perspectives in terms of expanding people's views of possible courses of action.

Benefits to policing. A number of staff mentioned ways in which ACT Officers shared knowledge with patrol officers (for example, regarding mental health challenges). In addition, some staff reported that greater awareness of the ACT program among patrol officers had provided the patrol officers with additional avenues for managing some of the individuals they encountered frequently. Several staff commented that patrol officers increasingly referred people to the ACT program.

"They're [ACT officers] also able to take that back and educate their police, too ... we had an incident recently with an apprehension and so they were able to go back and do an in service with their police on what this means, why it happens, what the doctor's certificate actually means, so rather than, like, they see warrant, they think warrant, whereas, you know... yeah, it's a warrant, but it's for different reasons. This person hasn't broken the law, they're not a criminal. So, I think having them here and letting them see how this all happens from the decision to the point of someone actually getting apprehended."

Furthermore, staff discussed how the ACT Officers assisted patrol officers with mental health issues on the street, and educated patrol officers about specific client needs, such as how to approach someone in a way that minimizes their distress.

"The patrol police know who the police [are] that work on ACT, so there's a lot of direct communication between them and information sharing and gathering, um, so it can expedite, um, arrests... it can expedite how a client is, sort of, moved through the system as well, because our police, as well, they're required to support the patrol police, um, when there are mental health things involving our clients."

"They can put out, um, entries and just maybe cautions...to the other officers, so some people can't be approached from behind. Maybe they had trauma from their history that their step-dad sexually assaulted them their whole lives, so males should not approach from behind, so certain things like that, that'll just make them safer in the community."

The increased capacity of ACT teams that was fostered by the presence of dedicated ACT Officers was seen to have the benefit of reducing the load on municipal police departments (e.g., fewer calls to the police, *"reduced chaos on the street for police"*). This was advantageous for clients as well, as they *"spend less time in the back of patrol cars."*


"We're sharing all the same challenging clients. They're not just a police client anymore, and I think that relieves them. I imagine it has helped to have this gentleman that was the highest caller not on the call at all, like, I'm thinking that would help."

They'd be getting a lot more... well, they do get a lot of mental health calls, anyways, and I think that's partly because of our hours of work, but I think it would increase."

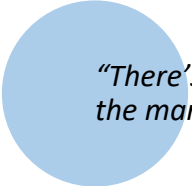
Benefits to healthcare. A few staff also highlighted the fact that the team's greater ability to stabilize clients because of officer involvement had a positive impact on the overall healthcare system. Specifically, they argued that the fact that clients do not use emergency services as much reduced some straining on the healthcare system. Reduced hospital use reflects the effectiveness of ACT teams in general, but these staff linked police involvement on ACT teams as one of the reasons for their successes.

"The hospital is similar, right? They'll have these high utilizers of these emergent services, right? And so if they can be referred into an ACT team, then the outcomes mean that those call volumes reduce because their care needs are met in the community rather than at this doorstep of the police or the, or the, uh, hospital."

Increased communication between policing and healthcare. Finally, a few staff commented on how ACT Officers have acted as an overall liaison between healthcare and policing, increasing communication and collaboration between these two systems. Staff reported that some ACT clients were already involved with police and corrections. Consequently, any increased collaboration between these worlds was seen as an advantage, especially since mental health challenges are a healthcare issue, not a criminal or legal issue.



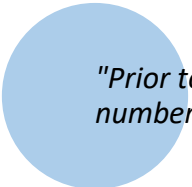
"I think it increases knowledge on both sides. It increases healthcare's knowledge of the policing system, and policing... because we're all going back and forth to our own offices. They still are employed by the police department. They still have to follow all of those protocols and reporting methods that we use. And then we share in education and training, so we may be doing in-services with them, they might be doing in services for us."



"There's that networking that's always going on. Communication between the managers and coordinators and stuff"

4.4 Benefits of Increasing from One ACT Officer to Three

Several staff spoke specifically about the benefits they perceived related to the increase in officers on the ACT team from one to three. Staff did not mention any specific drawbacks of having three officers rather than one. In terms of benefits, first, not surprisingly, staff discussed the greater accessibility of the officers. As one staff stated, seeking assistance from an ACT Officer *"becomes a more reasonable option"* when there are more ACT Officers. When there was only one officer, a few staff described only calling on them in a crisis, because of a view that the one officer was *"spread too thin."* Having more officers was also associated with greater capacity for the teams; three ACT Officers were able to serve more clients across all of the ACT teams. In addition, one staff member appreciated the view that the three officers were *"interchangeable"* – each officer could work across the four teams as needed. Furthermore, each officer has his or her own style, and having three officers offered the option of sometimes selecting the officer who staff believed to be most compatible with a particular client. It also allowed the teams the option of avoiding a specific officer if needed (e.g., if a client has had a negative interaction with that officer in the past).



"Prior to having the extra police officers on the team, we were turning away a number of referrals because we couldn't manage them safely."

Finally, many staff spoke about the increasing need for officers in light of the significant and growing opioid and crystal methamphetamine crises in the community. These drug crises are associated with more volatile or aggressive clients in the ACT program; this is because the current clients are more aggressive than in the past due to the current patterns of drug use, and because the teams are accepting more higher-risk clients precisely because they have increased police capacity. In addition, the current drug crises are associated with greater safety risk during outreach, due to more agitation and aggression among people in the client's immediate environment (not necessarily ACT clients), with whom the teams interact during outreach

services.

"You have these people, then you create a program around them, and, um, yeah, like, we've gotten used to working this way now, it would be a big shift if we were to shift back, um, which probably would end up in a lot of clients getting discharged, because we wouldn't be able to serve them anymore."

Table 2 presents a summary of the benefits that staff mentioned most often.

Table 2. Most Frequently Discussed Benefits by Staff

- Allows team to see in home environment: home checks, wellness checks, develop rapport and provide better care, maintain housing
- Officers build supportive relationships with clients
- Staff feel safe on the job, more focused on clinical care
- Clients have possibility of having better experience with police
- More regular medication increases client stability
- Knowledge of clients' legal and social history informs care plan
- Less traumatic if recalled to hospital than being taken by a patrol officer
- Allows teams to take on clients would not otherwise

4.5 Staff Perceptions of Drawbacks of Police Officers on ACT

Overall, over half of the staff explicitly stated that they did not perceive any drawbacks to having police officers integrated with ACT teams.

"I've never had a client get mad or disappointed or be like, 'You've brought the police?' Never once. Even in... when they are completely psychotic, right?"

"I think they're only utilized when they're needed, so as far as I can tell through having worked with closely now for years that it's, um, there hasn't been any drawbacks."

Many staff discussed issues related to police stigma and re-triggering trauma. In addition, although less common, a few staff spoke about the risks associated with police authority to administer consequences and about privacy concerns that clients may have. Table 3 summarizes the drawbacks identified by staff.

Table 3: Staff Perspectives on Drawbacks of Police Integration

1. Barrier to Engagement
2. Clients Feel Uncomfortable or Stigmatized
3. Inflammatory Effect on Behaviour
4. Changing the Nature of ACT teams
5. Not Available Enough

Staff Theme 1: Barrier to Initial Engagement onto ACT teams.

The main drawback of police officers on ACT teams that staff cited was the potential for police presence to be a barrier to initially engaging clients with the teams and building rapport. They recognized that some clients have had negative experiences with police in the past that have reduced their trust. Staff viewed the presence of police on ACT teams as interfering with rapport. Consequently, some staff spoke of being careful about when to introduce the ACT Officers.

"Sometimes the police are just perceived entirely poorly by our clients, and that... they may become a barrier. But I find that less the case, but it does occur."

"Initial engagements are sometimes more difficult... I do think that some clients are afraid of police for good reasons, sometimes, so I think that can create some resistance, um, some real, kind of, trying to kind of, like, build that relationship but they won't trust you because you work with the police, "oh, are you going to tell the police?""

"We really have to be careful about when we introduce the police to clients. Not right at the beginning, maybe, because they may think "oh, I'm not going to engage with this team." So maybe get to know a few clients, or a few workers before."

Staff who spoke about police presence interfering with initial engagement saw this as a problem that tended to resolve with time, once the clients came to know the specific ACT Officers.

"They've seen that the police aren't there to do what they perceive police will be doing, but [they are there] in a different role. And I've seen clients engaging quite differently."

"Sometimes folks, you know, they're... they've had negative experiences with the police officer, so sometimes that can be, you know, kind of a drawback and it takes a bit longer for them to build a trusting relationship. Uh, but you know what, from what I've seen it doesn't take long. Like if we have somebody who is not trusting of having a police officer come along with the engagement, they... they learn pretty fast that it's actually a positive thing, not a negative thing, and then eventually the trusting relationship will be built."

Staff Theme 2: Clients Feel Uncomfortable or Stigmatized

For staff, the next most frequently mentioned drawback was a concern that clients were uncomfortable with police presence and that this could jeopardize trust between a client and the ACT team. In some instances, staff felt that clients worried about revealing illegal activities. For others, the concern was that police presence felt more generally like an intrusion on their privacy.

"Clients will speak more freely, um, if there's no police officer there... I think there could be some perceptions that, like, 'I'm not talking to you because the cop's here.'"

"I can put myself in a patient's shoes and, you know, I can imagine that sometimes they feel intimidated, right? ... could feel intruded upon."

Furthermore, one staff discussed concerns that clients could feel stigmatized by police presence, or that stigma towards ACT clients would increase in the eyes of the public.

"I don't think that we're criminalizing clients with mental health issues, but it does send for some a message that 'maybe you're dangerous' when the client's maybe not dangerous."... "I worry a little bit that... we now have police officers... that we're giving the message to the public, well, 'you better watch out.'"

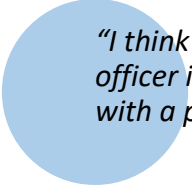
This same staff member also shared the belief that the ACT Officers have been successful in reducing the perception of the police as stigmatizing.

"I'm quite sure many of our clients who've got to know our officers on a regular basis kind of see them as a member of the team now in a... as less police officers."

Staff Theme 3: Inflammatory Effect on Client Behaviour

Two staff shared their concern that police presence could have an inflammatory effect, triggering aggressive behaviours in clients.

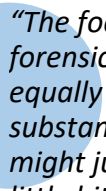
"Certainly the police can maybe have an inflammatory effect on certain interactions, like, they can be a trigger for negative behaviours from some of our clients who may have had negative interactions with the police...[but then staff added] but again much in the same way any of us might trigger a patient by telling them that they need to get their injection or they have to do whatever it is, or they can't have access to all their money, so much in the same way there are other things that might be triggers."



"I think sometimes it doesn't matter how gentle and approach... gentle the officer is, there's always a potential for escalated violence when you show up with a police officer."

Staff Theme 4: Changing the Nature of ACT Teams

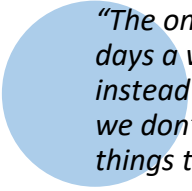
The presence of police on ACT teams made it possible to accept more higher-risk clients, which allowed the ACT teams to reach more people. One staff raised the concern of whether moving in this direction was changing the core essence of Victoria's ACT teams. The staff member expressed concern that the ACT program could move too far in the direction of forensic clients and leave those with mental illness behind. Further, this staff member expressed concern that the staff could become overly reliant on ACT Officers for de-escalation skills, rather than maintaining those skills themselves. Finally, this staff member wondered if the presence of police, even if outside of the room, changed the nature of a therapeutic encounter.



"The focus of the teams may change to those with more of a criminal violent forensic background, and I am concerned that we might lose out those equally needy individuals who have mental illness, or mental illness and substance use that may not be causing such a societal visible problem, but might just equally need that intensive outreach approach, and I guess I'm a little bit concerned that they may get left behind."

Staff Theme 5: Not Available Enough

A final drawback mentioned by a few staff was that the ACT Officers were not available enough, either during the day because they are in high demand, or on weekends when the officers do not work.



"The only downside, I can think of one thing, I wish that we had them seven days a week, because on the weekends we work three people per team instead of twelve or fifteen people, but we still have the same workload and we don't have police assistance on Saturdays and Sundays and there's always things that go on Saturdays and Sundays."

5. BALANCING PRIORITIES RELATED TO POLICE INVOLVEMENT

In the course of analyzing the interview data, pressures that ACT program staff and ACT Officers confronted on a regular basis emerged. These issues were not drawbacks of having officers on the teams, but rather they were inevitable tensions that do not have a concrete resolution. We believe that it is a positive indication of a thoughtful and deliberate practice that staff were grappling with these issues.

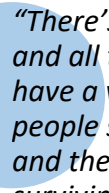
Enforcement versus support roles. Several staff discussed the need to balance enforcing laws and ensuring staff safety with supporting clients in a therapeutic capacity. For example, a client may be using illegal substances, stealing bikes, or stealing something to survive. In these types of situations, the team members and the ACT Officers need to determine the best response - weighing the best interests of the client with the best interest of the community. Everyone involved must weigh the officers' enforcement role with their role assisting the therapeutic mission of the teams, building relationships with clients, and being a resource to clients.

Several staff discussed ways in which various team members negotiated this balance. Interestingly, there was no consensus view. A few staff felt that ACT Officers bring in a "policing priority" of enforcement, in contrast to the ACT team's prioritization of support. They had some discomfort with the power that police hold and fear it amplifies the coercive aspects of ACT teams. Other staff held the opposite view, feeling that the ACT Officers err too much on the side of support, with too little enforcement. That is, a few staff saw the ACT Officers as too lenient, overlooking behaviour in the interest of preserving relationships with clients. Thus, although some clients fear the risk of consequences when an officer is present, some staff see the clients as receiving *fewer* consequences when the ACT Officers are involved.

Criminalizing mental health and substance use. A closely related dynamic was a concern about criminalizing mental health and substance use challenges. Several staff spoke of tensions between the benefits of having police on ACT teams (to clients, staff, and community) and the concern that their presence may be viewed as sending the message that mental health challenges, substance use, and homelessness are inherently illegal. A few staff wondered if the mere presence of an officer on the team criminalizes clients who otherwise are not involved with law enforcement or legal systems. As one staff member put it, "*We're trying not to criminalize a drug user, so working on a team where you're working with someone who's doing something illegal every day, multiple times a day, you have to be very careful where you draw that fine line of when you're actually going to treat it illegally or not.*" These considerations are not unique to officers on ACT teams; they are part of a larger discussion about the role of police officers in society (e.g., strictly enforcement or broader community engagement).

Prioritizing clients or staff/community. A third related tension was between the prioritization of staff needs versus client needs. That is, a few staff described situations which presented the possibility that the best interest of a client might compete with the best interests of staff or the

community, particularly around issues of safety. ACT staff are very client-centred, a foundation of the ACT program philosophy. However, there are also situations that justify police involvement, such as when the security of staff or of the surrounding community is threatened. A quote from a staff member captures some of the complex competing interests:



“There’s housing crisis, crisis with homelessness and petty crime and drug use and all that stuff, so, I mean, really it’s kind of essential to have... I think.... To have a very compassionate police presence, um, vital to keep... just to keep people safe on both ends. You have the people that have money and property and they have concerns, and rightly so, and you have people that are just surviving and have all sorts of barriers, and so, yeah, compassionate police presence is inevitable at this point, and it’s very important. So for the community, um, you know, I think it’s important.”


All three of these tensions are important to discuss explicitly within teams, including with the ACT Officers. There will not be one “answer” to these issues, as clients’ circumstances and needs are unique and complex. Thus, being able to question one’s motives, and communicate within the teams why the team is following one course of action over another, is likely an important aspect of effective team functioning. Without ongoing reflection, teams run the risk of erring in one direction. This could mean automatically using the officers when they are not required, or failing to realize the full benefits of police involvement to the detriment of the clients, staff, or community. Neither direction likely fits best in all situations.

6. CLIENT AND STAFF RECOMMENDATIONS

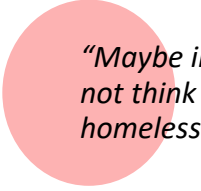
6.1 Client perspective

Clients made numerous suggestions for police services on ACT teams or for training new officers who might join teams in the future. In all, 16 clients made at least one recommendation for improving the ACT Officer program.

1. **Non-judgemental stance.** The most commonly endorsed recommendation (made by five clients) involved ensuring that ACT officers maintained a non-judgemental, compassionate stance towards clients' struggles, including seeing clients as complex individuals and not as criminals.

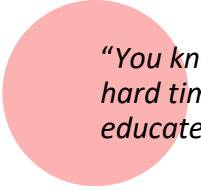


"I think just be as informed as possible about each case. Just treat the people as individuals rather than, like, the bad guys, the drug addicts, the mental health people, or whatever. As long as you... if the police understand the complexity."



"Maybe instead of looking at it from their perspective, maybe trying and not think like a cop for a moment and try and think what it's like to be homeless and, I don't know... it's hard."

Further, although clients generally perceived ACT Officers to be aware and empathic regarding clients' mental health issues, two clients suggested that ACT Officers might benefit from additional training on mental health and identity issues.



"You know, like for example the transgender people at Our Place get a really hard time, like everybody's really hard on them, and I think if the police were educated on transgender issues, and stuff."

2. **Helpful attitude.** Three clients emphasized the importance of ACT police maintaining calm, polite, and respectful demeanours in their interactions with clients. Again, clients generally thought ACT Officers were already doing this, but suggested that it was a vital component to their approach moving forward.

"From my experience it helps if they're in a calm state of mind, um, if they're not I have a tendency to go fight or flight. If, like, if the police officer was feeling aggressive or forceful, and had enough self-restraint to say 'OK, this guy doesn't deal with this kind of, uh, mental emotional state very well. I'm going to either wait until I'm calmer or I'm going to send someone else that is more calm' I think that would help to prevent escalation of either aggression or flight."

3. **Making amends.** Several clients noted that past negative experiences with other police officers made it difficult to trust ACT Officers. One client suggested that working through these feelings with ACT Officers might be beneficial to help support client engagement and to help provide a different experience as a corrective to past police-related traumas.

"[They] should work one on one with people - trying to make amends for some of the arrests and stuff like that. Mend broken scars that were caused by arrests. Our mental health, it deteriorates... I mean as a drug user, I've gotten arrested because I've been on a bad trip, right? And then they've driven me down to the psych ward, so there's that... that trauma... that post-traumatic stress disorder that gets re-awakened sometimes. And I really need to speak with them about it."

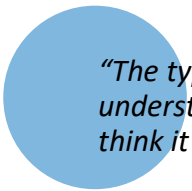
Consistent with this recommendation, one of the staff members offered a vivid example of the profound effect that humanizing gestures of officers can have.

"I actually witnessed something that was quite touching, because we have very strong boundaries... personal boundaries. You have to in this job, and I have no doubt the police officers... if anyone has strong boundaries, it's the police. And there was a person who had been a rather famous victim of violence... police violence, and had had a large sum awarded to him, and he just showed up on the streets and I just happened to be there, and I think someone... a lot of people thought he was dangerous, and someone had gone in to the office to say "hey, there's some crazy person outside." And one of the police officers came right out. They knew who the person was... well, actually, they probably looked him up, because it was a few minutes before the person came out. This person walked straight over to the man who was ranting and raving, and, like, the rest of us were giving him a wide berth, and he put his arm around him and said "I just want to tell you how sorry I am for what you've gone through." And the guy just looked at him and [the officer] said "no human being should ever have to endure what you've endured" three times. And the man started crying. He just broke down sobbing and the police officer just kept his arm around him, kept patting him, and, yeah. It was quite touching."

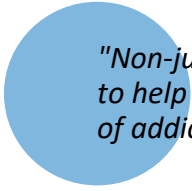
6.2 Staff Perspective

The staff also had a number of recommendations, several of which overlapped with those of clients.

- 1. Hire the right people.** Almost every staff person interviewed discussed the importance of selecting people for the ACT position who are a good fit for the role – people who exhibit compassion and care, who are open-minded, interested in community policing, who “meet people where they’re at,” and who are able to empathize with marginalized people. Hiring the right people also means selecting officers who are knowledgeable about mental health and substance use, who work from a trauma-informed perspective, and who have strong de-escalation and negotiation skills. In contrast, a poor match was seen to be police officers who only interested in enforcement (e.g., “to go and get the bad guys”).




“The type of policing, you do have to have a certain level of compassion or understanding, empathy, patience ... where your last resort is to arrest... So I think it takes a certain individual.”



“Non-judgmental, somebody with a lot of empathy, somebody really wanting to help somebody make a better life for themselves, um, you know, knowledge of addiction, knowledge of mental illness, those sorts of things.”

Staff members had uniform praise for the current ACT Officers, often using them as examples of the qualities that teams should seek.



“I’ve been actually very impressed with their respectful attitude and skills in communicating with people with profound mental health issues... I can say that the 3 we have now are probably the best that we’ve had.”

- 2. Greater Availability.** Another frequently mentioned recommendation, which parallels a recommendation of clients, was that the ACT Officers should be more available. Several staff mentioned the value of having ACT Officers available in the evenings and on weekends. A few expressed a desire for each team to have its own officer, and one staff mentioned the importance of allowing the officers themselves to determine if they have enough time and resources to do their job well.

"I think that ACT teams are a seven-day a week service, and I think the police should be available as much as possible to the same extent as the ACT staff are available. Especially when patients who need care seven days a week, they're some of our more unwell patients, and so we probably need police assistance on those weekends as well."

- 3. Don't wear uniforms.** Several staff discussed the value of officers dressing in plain clothes and driving unmarked vehicles.

"I've noticed a big change since they've been in plain uniform... plain clothes, and just seeing how clients who have never trusted authority or have lumped every uniform into one being able to say "Hey, I want to talk to [ACT officer name]," "Hey, I want to talk to [different officer name]"... about something."

- 4. Diversity among officers.** Several staff commented on the value of having a few different "styles" represented among the officers. One staff stated that it would be beneficial to have an officer from the LGBTQ community, and several staff spoke about the value of having a mix of male and female officers.

"It's nice to have males and female cops. I have noticed that sometimes just being a male, clients are a little more reluctant or nervous with [a male officer] just being that he's male. Um, with [female officers] they're much, kind of, softer. However, that being said, I feel that when they're very violent, they're a little more under control when [male officer] is there, so it's interesting."

- 5. Check in.** Finally, a few staff discussed the value of good communication between the ACT program and police department. For example, one staff mentioned the value of allowing team members to have input in hiring decisions in order to help find someone who is a good fit. Another staff member discussed the value of the ACT Officers regularly checking-in with ACT staff in order to ensure everything was working smoothly.

"Checking in around how things are going with having police around. One thing I like about the police officers is, yeah, they do check in with us, like, "is this a good fit for you?""

7. RESEARCHER RECOMMENDATIONS

Clients and staff have different experiences through which they view police officer involvement. For example, clients were more sensitive to the social pressure to avoid interactions with police due to the risk of being labelled as a police informant, whereas staff were more concerned with personal safety and clients' mental health and substance use being stigmatized as criminal issues. Both perspectives point to the need for ongoing consideration of how ACT Officers can approach clients in ways that do not make clients feel ostracized or at risk for social disapproval or retaliation.

Although it appears that overall, the integration of police officers onto ACT teams is beneficial, there were important considerations for teams to discuss going forward. For example, ACT Officer's presence (even if not ideal) was seen by staff to be more supportive in the client's life than alternatives which could include an escalation of agitation, not getting medication administered, and/or being brought to hospital by a patrol officer. However, some clients held different views on the value of police presence. Are there ways to enhance the supportiveness of an ACT Officer standing by during an injection of medication? How might teams explain to clients the purpose of officer involvement in advance to avoid misunderstanding? Opportunities within teams to discuss these types of issues are valuable.

Furthermore, more generally, clients might benefit from more explanations and clarifications as to why and how ACT Officers are involved in their care. Several clients seemed unclear as to what the role of ACT Officers was, particularly if the clients were newer to ACT teams; they had various misperceptions that the ACT Officers were undercover or serving a primarily enforcement role. We suspect that many of these misperceptions are gradually dispelled as clients form relationships with ACT Officers; however, explicit and repeated explanations from other ACT team members might facilitate building this trust.

In addition, ACT Officers could continue to emphasize proactive steps to connect in non-threatening ways with previously traumatized clients to provide a corrective experience to the belief that "all police officers are dangerous." The staff clearly felt that the ACT Officers have this positive effect on many clients, but our interviews with clients suggested that this impact is not universal. In very serious cases, ACT team members with training in the treatment of trauma might also be engaged in this process to reduce the risk of re-traumatization. The benefit of this proactive approach is that clients would be more likely to reach out to ACT Officers in times of need and less likely to be reactive in emergencies when ACT Officers are involved.

This proactive approach is consistent with the client-centered individualized approach that is already a core part of the ACT model. Although many clients benefit from involvement with the ACT Officers, ACT staff also correctly recognized that not all clients require police involvement. Some clients also expressed the perspective that police interactions are not wanted. The judicious use of police on a case-by-case basis is clearly warranted. The ACT staff overall

demonstrated appropriate flexibility, considering each clients' unique needs with respect to police involvement; ongoing clarification of the interacting roles of ACT staff and ACT Officers on a case-by-case basis should be continued.

The challenges of balancing enforcement versus support roles, client versus staff/community needs, and providing effective services without criminalizing mental health and substance use challenges are inevitable tensions in a complex system. Many ACT staff demonstrated an awareness of these issues. This awareness is likely a key reason that we did not observe an uncritical use of police authority simply because one can. The ability of team members to continue to wrestle with these tensions and make thoughtful choices on an individualized basis for each client will likely contribute to the further success of police officer integration.

8. LIMITATIONS

This project had several limitations. First, the data were based on personal opinions, which are subject to bias. Second, there are limits to the generalizability of our findings. By design, we only interviewed people who were currently on ACT teams and therefore had direct experience with ACT Officers. Although we obtained a diverse range of clients with respect to age and gender, how long they had been on teams, which teams they were on, and the extensiveness of interaction with officers, we cannot definitely say how representative the client sample was of the overall ACT clientele. Because staff were not anonymous, we have more confidence that our staff sample represents the current constellation of ACT staff fairly well with respect to professional roles. One team was relatively under-represented compared to the other three. Given that ACT staff interviews were voluntary, we do not know if our findings would generalize to the staff who chose not to participate.

Due to the nature of our sampling method, we only interviewed clients who were out in the community. As a result, we may not have interviewed the most severely distressed and/or criminally involved clients. In addition, we only interviewed current ACT staff. Previous ACT team staff may have an interesting perspective to add.

Furthermore, the clients we interviewed, overall, had fairly limited experience with the police. Clients did not mention some of the benefits discussed by staff, such as the advantage of being escorted to the hospital by an ACT Officer rather than a patrol officer. ACT staff may be better positioned to observe how these processes unfold than are clients, who may only have the experience being taken to hospital with a patrol officer or an ACT Officer, but not both. Nevertheless, it may be valuable to interview more clients, targeting recruitment towards those who are known to have had these types of experiences while on the ACT team.

In addition, although we describe contrasts made between ACT Officers and patrol officers, we have no way of knowing in most cases whether clients' and staffs' experiences with patrol officers occurred recently or many years ago and whether they refer to patrol officers in the Greater Victoria region or elsewhere. Thus, we are unable to make any conclusions about perceptions of current patrol officers in Victoria.

Finally, since we restricted our sample to only include ACT clients and staff, we do not yet have the perspectives of people who provide services to ACT clients, but are not part of the ACT program. Interviews with individuals from places such as social service agencies, supported housing, and the Victoria Integrated Courts, would provide a valuable additional perspective.

9. CONCLUSIONS

The balance of the evidence from this research suggests that officers offer a net benefit to the ACT program. Further, the move from one to three officers likely has provided an incremental benefit due to the increased accessibility and coverage from officers who are skilled at forming trusting and respectful relationships with ACT clients and who are a consistent presence on the teams. The incorporation of police officers on ACT teams represents an innovative effort to integrate the strengths of healthcare teams with the strengths of police officers. This integration helps to prevent vulnerable ACT clients from falling through the cracks between the mental health and law enforcement domains, lessens the risk of traumatic experiences with the police, and results in greater housing and psychiatric stability.

Benefits. Clients and staff reported many of the same benefits of police integration.

- Clients and staff saw *relationships* as key. The mental health literature has consistently demonstrated that being in a supportive environment is a key component for decreasing the risk of relapse to psychosis and addiction. Thus, it is a benefit to clients if the police are seen as part of a client's supportive network. Indeed, many clients reported that their ACT teams were one of their only sources of support; ACT Officers played a role in that perceived support for many clients.
- In addition, both clients and staff discussed benefits related to
 - Client safety
 - Client access to services
 - The prevention of a worsening of mental health conditions
 - Deescalating violence or potential for violence
 - Connecting to other services
- In addition to these shared perspectives on benefits, the findings from the staff interviews suggest that police integration on ACT teams
 - Allows the teams to provide more services to existing clients and to accept clients who present greater risk to staff
 - Enables team members to feel more effective in their work because they are less concerned with safety
 - Contributes to making required services less traumatic for clients
 - Adds to the prevention of negative outcomes such as violence or loss of housing
- Many of the benefits were most applicable to the subset of ACT clients who were involved in the forensic system. However, it is noteworthy that the integration of officers also seemed to be beneficial to ACT clients who were not otherwise involved with the police. For example, these clients benefited from positive relationships with the ACT

Officers, improved client safety, greater accessibility of reporting victimization experiences, increased availability of outreach services, and potentially less traumatic mandatory services. Many staff spoke about the escalating safety concerns in the community because of the growing drug crisis. The benefits of officers on ACT teams, even for clients who are not involved in the forensic system, may be further heightened right now because of this crisis.

Drawbacks. There were also similar themes echoed through client and staff interviews with respect to drawbacks.

- Both groups discussed the potential for ACT Officers to serve as a barrier to initial engagement with the ACT program, both due to the potential for criminalizing mental illness (staff perspective) or out of fear of past experiences of increased risk of criminal sanctions (client perspective).
- Further, both staff and clients discussed the problem of accessibility of ACT Officers, with staff noting limitations of weekend coverage and clients noting the difficulty of making contact with ACT Officers in emergencies.

Overall, the benefits of ACT Officers appear to derive from the combination of several ingredients that are more valuable collectively than any would be in isolation. The expertise that police officers bring to teams is important, but strong interpersonal relationships are required to realize fully the advantages of police integration. That is, police authority and knowledge would not be as helpful without officers' relationships with clients and without clients and staff viewing the officers as consistent, trusted members of the team. Both ACT clients and staff emphasized repeatedly that relationship-building is the necessary condition that makes ACT Officer interventions less traumatizing to vulnerable clients, and more successful and prevention-focused than the alternative options.

10. NEXT STEPS

We have gained a broad view of the potential benefits and drawbacks of police integration. Overall, there is credible evidence that there are many benefits to clients, staff, and community, as well as some cautions to keep in mind. An important next step is to translate these perceived benefits and drawbacks into measurable metrics of police impact on ACT teams in order to add an objective lens to the question. This will require a collaborative effort that includes representatives from Island Health and the Victoria Police Department to determine indicators of benefit or harm that map onto the themes identified in this project. Typical indicators of ACT team impact include days in hospital, housing stability, and number of arrests/police encounters. Equally important are client-centered indices such as symptom improvement, well-being (e.g., feelings of efficacy), and quality of life. It will also be important to design a strategy for prospectively monitoring these metrics over time, and to monitor functioning on an individual basis (rather than only as a cohort). Retrospective analysis of police or hospital records may also shed light on the question of the benefits of moving from one officer to three.

Another next step is to include the perspectives of other individuals who have experience with the ACT teams. We have interviewed the three ACT Officers and will add their perspectives to the current analysis. In addition, we intend to interview people who work in supported housing buildings that include ACT clients, as well as individuals who work at the Victoria Integrated Courts.

Finally, a component of the next stages of this work will be to attempt to identify whether or not there are important subgroups of clients for whom the experience of ACT Officers differs. For whom is officer involvement most beneficial? Are there circumstances in which police involvement is contraindicated? Some of the factors that may make a difference include past experiences with police, current drug involvement, and forensic involvement. Such information may allow teams to maximize the benefits of police integration by directing resources and targeting intervention in directions of greatest impact.

This report represents a first look at the benefits and drawbacks of police integration on ACT teams. We welcome feedback from any interested parties as we move forward in designing the next phases of this work.