



**THE 2016 VicPD ASSERTIVE COMMUNITY
TREATMENT TEAM ANNUAL REPORT
(Including Projections for 2017)**

VICPD ACT ANNUAL REPORT 2016

CONTENTS

VICPD ACT Annual Report 2016

| | |
|--|---------|
| Historical Context..... | Page 2 |
| Partnership Agreement & Information Sharing Agreement (ISA)..... | Page 4 |
| ACT Officer Role..... | Page 5 |
| Statistics (for 2016)..... | Page 6 |
| Successes, Gaps and Challenges as realized in 2016..... | Page 11 |
| Pilot..... | Page 13 |
| Statistics (for 2017)..... | Page 14 |
| Projections | Page 15 |
| Moving Forward..... | Page 16 |

VICPD ACT ANNUAL REPORT 2016

HISTORICAL CONTEXT

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

In December 2006, the Ministry of Social Development & Social Innovations (MSDSI), Island Health, Victoria Police Department (VicPD), Community Corrections Division (Ministry of Justice) and other stakeholders met in order to discuss target group service provision, the need for integration of services, and the need to work toward establishing a common service delivery model and shared program goals.

In July 2007, the partners agreed to proceed with a trial of a pilot program. The service design focused resources on a small group of the most challenging individuals who would fall within the partner client group in the downtown Victoria core. This program was designed to provide an opportunity to test the service approach, include an assessment component combined with frequent steering committee input and review. This process and the project outcomes acted as a guide with partners in the development of a long-term integration proposal for the downtown core.

In October 2007, in response to the Mayor's Task Force on *Breaking the Cycle of Mental Illness, Addictions and Homelessness*, ISLAND HEALTH agreed to fund the development of four new teams tasked with serving hard to house individuals with mental disorders and substance use. The Victoria Integrated Community Outreach Team (VICOT) was determined to be the first of what would become the Assertive Community Treatment (ACT) teams. Permanent Island Health funding was made available for five staff, office space and supplies. With this funding came the understanding that the other partner organizations would each contribute appropriate staffing. Three other ACT Teams followed shortly after. A transition Team called STEP was also formed to support clients who 'graduated' from the ACT program and no longer required the same level of intensive support.

Currently, the VICOT and ACT teams provide intensive, assertive supports to individuals living with severe and persistent mental illness, who face multiple barriers to independent living including substance use, and are experiencing chronic homelessness. These individuals were identified for ACT support due to elevated usage of emergency services including emergency health care, high hospital bed days and high numbers of police contacts. The Teams address these complex issues by providing clients with access to a team of service providers including a psychiatrist, nursing staff, outreach workers and social workers. Additionally, all ACT Teams are now supported by a probation officer, three police officers and a Ministry of Social Development and Poverty Reduction (MSDPR) financial assistance worker permanently attached to the Team. All team members work together with a commitment to supporting clients to experience improved health outcomes, commit fewer crimes and reduce recidivism.

VICPD ACT ANNUAL REPORT 2016

With the expansion of the number of Victoria Police officers from one to three on a pilot basis, the capacity of the ACT Teams to accept patients who present with higher needs and increased propensity toward violence has increased substantially.

The ACT model has proved to be effective elsewhere in the world. The National Alliance on Mental Illness (NAMI) (2011) website states in part:

“ACT clients spend significantly less time in hospitals and more time in independent living situations, have less time unemployed, earn more income from competitive employment, experience more positive social relationships, express greater satisfaction with life, and are less symptomatic. In one study, only 18 per cent of ACT clients were hospitalized the first year compared to 89 per cent of the non-ACT treatment group. For those ACT clients that were re-hospitalized, stays were significantly shorter than stays of the non-ACT group. ACT clients also spend more time in the community, resulting in fewer burdens on family. Additionally, the ACT model has shown a small economic advantage over institutional care. However, this finding does not factor in the significant societal costs of lack of access to adequate treatment (i.e., hospitalizations, suicide, unemployment, incarceration, homelessness, etc.).”

PARTNERSHIP AND INFORMATION SHARING AGREEMENT (ISA)

The success of the original VICOT model representing partners working together in an integrated approach has gained much interest with both health agencies and police services locally, regionally, provincially and nationally. The partners of the VICOT/ACT Teams - Victoria Police, Community Corrections, Island Health and MSDPR are able to share limited and appropriate client specific information in order to provide services to clients under an Information Sharing Agreement. This model has resulted from an evolution of the approach.

Historically, the VicPD Police officer had been dedicated only to the VICOT team. Over years the role evolved and expanded to provide support to the other 3 ACT Teams and STEP Team in Victoria. The support to the other teams had been provided on an ad-hoc basis without a formal agreement and with no formal mechanism for information sharing.

Building on the successes of the expanded role of the liaison officer across the four ACT Teams, there was a recognition that in addition to the benefits created through partnerships with ACT and police across the Island, there would be additional sharing of pertinent information in the aid of providing the best possible services. As a result, in 2015 a new Partnership Agreement was formalized and signed, integrating all VICOT partners: Island Health, Victoria Police, Ministry of Social Development and Social Innovation and Community Corrections. Along with the new Partnership Agreement outlined above, a new Information Sharing Agreement (ISA) was approved to reflect the sharing of information between Island Health Regional ACT Teams and Approved Parties: Victoria Police, Saanich Police, RCMP, Ministry of Social Development and Poverty Reduction (MSDPR) and Ministry of Justice (BC Corrections).

VICPD ACT ANNUAL REPORT 2016

The agreement uses a client consent approach to release personal information. It outlines the parameters for sharing information and resides under the *FIPPA* and *Privacy Act*. It allows for the collection of data for the purpose of carrying out program services with the end goal being quality service to the benefit the client, the program, and community. This agreement does not include the 713 Outreach Team or the SAMI (Support for Addictions through Management of Independence) Team. Further discussion is required in terms of formal partnership agreements with these newest teams that are working in the downtown core.

ACT OFFICER ROLE

Since July 2016, with the increase of one additional officer, coverage to support the ACT Teams expanded to 5 days a week, Monday to Friday. The ACT Officers are accessible to all teams to provide assistance. The underlying philosophy of having a police officer fully integrated in the teams is to provide police expertise in diversion of clients away from the Criminal Justice System.

Historically, the following services provided by the VicPD Police Liaison (ACT) Officer have included:

1. Accompany team members in the field.
2. Assist in identifying and referring new clients.
3. Provide security and security risk assessment for Team members and procedures.
4. Facilitate access to services in a less enforcement-oriented manner.
5. Provide integrated case management to clients, in partnership with program team members. (i.e.: assistance with basic life essentials of food, clothing, housing, healthcare, and attendance at appointments with other community or government services).
6. Participate in tracking, reporting and evaluation of clients within the program structure.
7. Provide enhanced supervision and support to offenders and mutual clients who have multiple risks and needs factors (i.e. Addictions, mental illness, homelessness, multiple system users and those who have been unable to access services).
8. Assess offenders for inclusion in the program in full consultation with team members.
9. Provide crisis response to individuals as required.
10. Participate in meetings with leadership, steering and working Committees.
11. Provide direct liaison to other VicPD members in the field regarding team activity when appropriate.
12. Participate with all clients presently before the Victoria Integrated Court.

With the second officer added to this position we realized an expansion of the role as a reflection of the increased needs of the community. The role has expanded to include the following:

13. Attendance of various Case Conference Meetings involving high risk/high needs clients.

VICPD ACT ANNUAL REPORT 2016

14. Attendance of Mental Health Review Board Hearings.
15. Collaborate with Community Partners to identify where other mental health supports are needed.
16. Facilitate education sessions to help educate Team members and other Community Partners. (e.g. Street Drug education; 911 Communications).

STATISTICS (2016)

From the inception of the VICOT/ACT Teams, yearly statistics have consistently shown that the VICOT/ACT model is contributing positively to the improved health and wellbeing of clients and reducing calls for service to emergency services such as police. The focus has been on outcomes. The data comes from Island health indicators, police statistics, probation statistics, and MSDPR and housing statistics. For the purpose of this report, data was collected from both police and Island Health records.

Prior to 2015, the report solely examined the results of the VICOT team. As of 2015 and moving forward, the report now collects and analyses data for all the Teams.

In 2016, a total of 425 clients were supported across the Teams. The total number of ACT Team Clients being reported in 2015 differs from the number being reported in 2016. This does not in fact represent an increase in the size of the teams but rather is a reflection in the change of how data is being reported. In previous years, the total number of clients on each team at the end of the year was collected. By only counting year end numbers, the data was not taking into account that there is always a flow of client intakes and discharges throughout the year. 425 clients is the total number of clients that were provided ACT team services.

| Group | Number of Clients 2015 | Number of Clients 2016 |
|---------------|---------------------------|---------------------------|
| Downtown ACT | 79 | 98 |
| Pandora ACT | 81 | 106 |
| Seven Oaks | 74 | 96 |
| STEP | 41 | 43 |
| VICOT | 69 | 82 |
| Total Clients | 344 | 425 |

When a call to police is generated, the VICOT/ACT officers will receive notification of the report. The officer(s) review the reports daily and share the relevant information with the VICOT/ACT teams so they can assist and support clients in the best way. This may include when police calls for service increase for a client, depending on the nature of the situation, the officer will intervene with any number

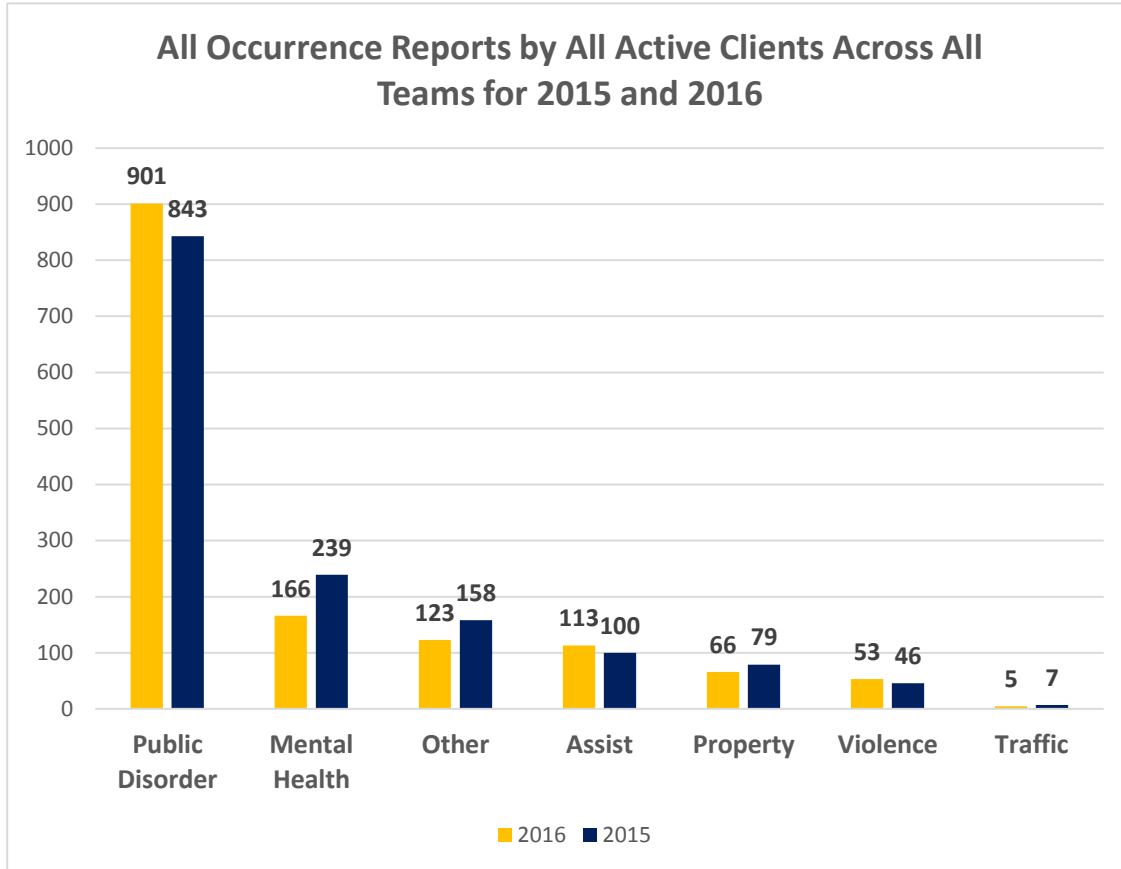
VICPD ACT ANNUAL REPORT 2016

of options. For example, a visit to have a preventative discussion concerning potentially criminal behavior and the consequences thereof; assess client with a Team member to determine whether a return to hospital is required as a result of deteriorating mental health; support and guidance with a victim through the investigative/ court process; and in last resort cases, process criminal charges against a client to protect others and subsequently support the client through court process of the Victoria Integrated Court. For those with complex challenges, a case conference meeting that includes multiple community partners may be held.

The sharing of information is the key to success in providing wrap-around services designed to increase the likelihood of positive outcomes for the client.

In 2016, a total of 1427 police calls for service were generated by clients. Several types of calls were recorded. Primary types of calls were related to public disorder, mental health, other, assist, property, violence, drugs and traffic.

VICPD ACT ANNUAL REPORT 2016



| | 2016 | 2015 |
|-----------------|------|------|
| Public Disorder | 901 | 843 |
| Mental Health | 166 | 239 |
| Other | 123 | 158 |
| Assist | 113 | 100 |
| Property | 66 | 79 |
| Violence | 53 | 46 |
| Traffic | 5 | 7 |
| Grand Total | 1427 | 1472 |

****See appendix 1 for breakdown of the various call types that fall under each category****

The overall goal is to support clients to experience improved health outcomes and to reduce the individual's contact with police after they become involved with the teams. The statistics overall show that there has been a decrease in the number of occurrences with police by 11.1% over the life of the program (as shown below) and 3% between 2015 and 2016 (as shown above).

VICPD ACT ANNUAL REPORT 2016

The following table has been calculated by taking a yearly average of all the occurrence reports from January 2005 to the admission date of each client. A similar calculation was completed for the number occurrences after their respective admit dates. Overall there is a decrease in the number of Police contacts by 11.1%

| Occurrence Reports Across Teams by Team with Percent Change | | | |
|---|-----------------|--------------------|--------------|
| All Teams | Pre Involvement | During Involvement | % Change |
| Downtown ACT | 1058 | 1022 | -3.4 |
| Pandora ACT | 1896 | 1169 | -38.3 |
| Seven Oaks | 1363 | 1653 | 21.3 |
| STEP | 175 | 51 | -70.9 |
| VICOT | 2062 | 1932 | -6.3 |
| Grand Total | 6554 | 5827 | -11.1 |

As noted above the Seven Oaks Act Team (SEVACT) has this year shown an increase of 21.3%. This was a change to previous trends which required further examination to determine the cause of this change. It was determined that there were ten clients identified who had 20 + occurrences with police in 2016 which is unusual. The total combined occurrences for these clients totaled 353 which represent 25% of the total calls for all ACT clients for 2016. Eight of these clients were homeless or ended up homeless during the year. The other two clients have a diagnosis of Borderline Personality Disorder and exhibit extreme attention seeking behaviors which include self-generating calls to police and other emergency services. Although the increase in calls for service to the SEVACT appear somewhat concerning, this represents a phenomenon experienced by teams in the past as it is not unusual for calls for police service related to a client to rise slightly for a brief period of time after acceptance onto the teams. This stems in part from more regular interactions as a result of being on the team. After a brief period of stabilization the number of police contacts greatly decreases.

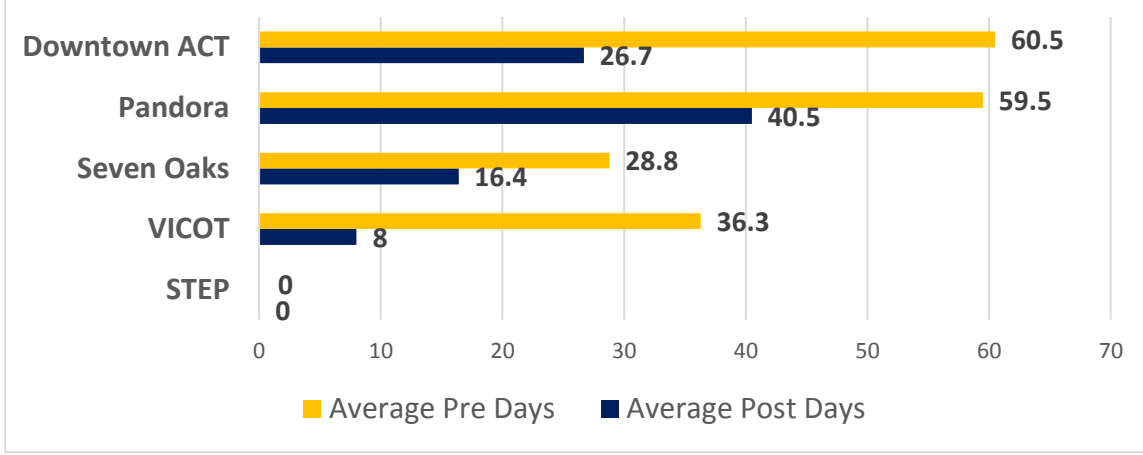
This year we have included statistics provided by Island Health. The information reflects the usage of hospital resources by the ACT clients from January 2016 until April 3, 2017.

Pre* - one year prior to ACT admit.

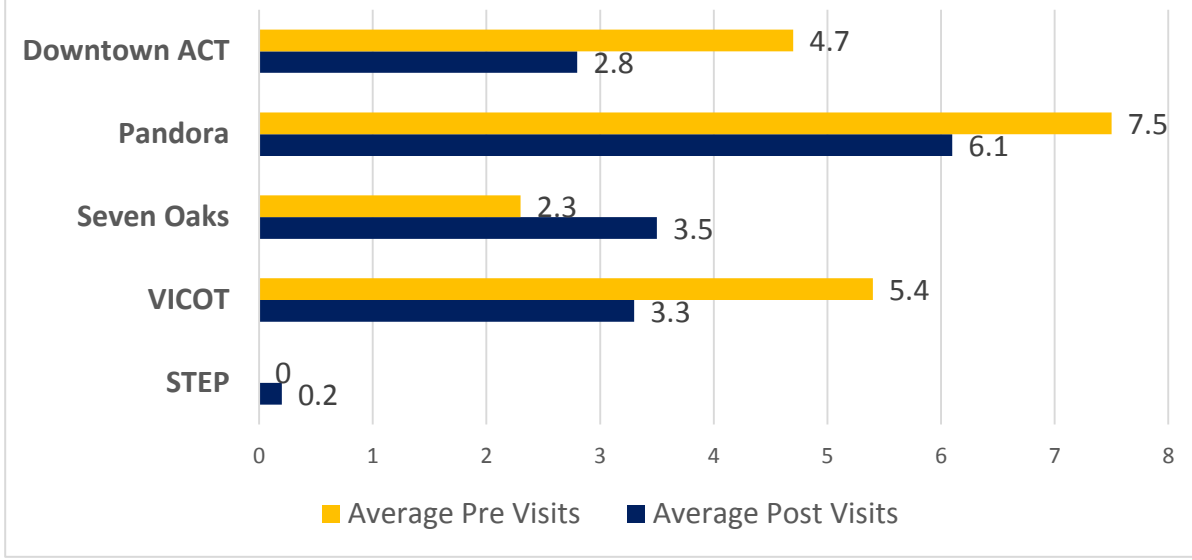
Post* - one year after ACT admit.

VICPD ACT ANNUAL REPORT 2016

Average annual acute care use one year prior and one year post ACT admission for clients admitted to ACT service for one report date: Victoria



Emergency Department (ED) visits by team: Victoria



Similarly, Island Health statistics show a slight increase in emergency department visits for the Seven Oaks Act Clients.

VICPD ACT ANNUAL REPORT 2016

SUCCESSSES, GAPS AND CHALLENGES (2016)

SUCCESSSES

There are a number of ACT clients whose experiences and stories demonstrate the positive effect of ACT on their lives. For the purpose of brevity, two have been highlighted below:

Client A came to VICOT in 2011. He suffered from schizophrenia often having periods of psychotic behavior and delusional thoughts. He resorted to regular marijuana use and over time started to use more serious drugs such as crystal-meth and crack cocaine. The relationship with the Team was turbulent and at one point there was a re-examination as to whether there was any therapeutic relationship that would benefit the client. The client was charged criminally for damage sustained in an angry outburst towards the Team's Doctor which put him into Victoria Integrated Court. He was subsequently bound by a probation order in early 2016. This was the turning point whereupon the increased supports in combination with changes to his housing, a restructuring of his family support and regular counselling has turned him around. He now willingly works with the team and outside resources for continued support and has been drug free for several months.

Client B suffers from schizoaffective disorder as well as substance use disorder. He was a tent city resident and transitioned to Johnson Street Community, operated by the Portland Hotel Society (PHS) Community Services at 844 Johnson St. Over the past three years there have been 140 police contacts with him. Through partnership and collaboration with staff at 844 Johnson St, police learned more about his behaviors and the ACT/VICOT Officers felt he would make a good candidate for the ACT Teams. Police submitted the referral and he was accepted at the end of 2016. His psychosis caused him to tear apart his room completely dismantling the structure of his apartment to the frame and removing all windows. The damage extended outside his room to common areas at which point warnings and cautionary advice was disregarded, leaving no other option than to charge him. He also had no insight into his illness. He appeared in Victoria Integrated Court and was placed on Probation. Through this process he accepted Cognitive Behavioral Therapy counselling and completed a "Healthy Relationships" course. He also engages with his Probation Officer who meets with him regularly teaching him the SAM (Substance Addictions Management) Program. His insight into his illness is growing as he continues to take his medication regularly. Since April there have been no police contacts.

CHALLENGES

We continue to experience challenges to providing clients access to safe and affordable housing for those with mental health and substance use (MHSU) concerns. Similarly, having timely access to housing with a recovery-based support system allowing one to move into long term stable community housing is also in great need.

VICPD ACT ANNUAL REPORT 2016

GAPS

The fentanyl crisis remains the single most significant health risk affecting many of the ACT clients. Sadly, since January 2016 three clients have lost their lives to fentanyl. Some of the ACT workers were directly impacted by having been first on scene to the client's death, and many other staff were affected after having long term therapeutic relationships built with those who died.

Tent City came to a close in August 2016 after 10 months of encampment on the lawns of the Provincial Courthouse. The move of the residents to a housing facility located at 844 Johnson Street, managed by the PHS Community Services, presented a whole new set of challenges. Most of the residents suffer from substance use disorders, many of which are pre-contemplative, and many of those also have concurrent severe mental health illnesses making support for them very challenging for PHS Staff. Initially there were only 8 ACT clients that moved in. In the later part of 2016, out of need to better support the ACT clients and other high needs residents, regular meetings were scheduled involving the Team Leaders of the ACT Teams, 713 Outreach, and the VICOT/ACT police officers. Discussions took place to identify those who would be better served by having additional support such as ACT or other outreach teams. As a result, residents were identified and referrals were submitted. These meetings continue on a bi-weekly basis and are seen as an effective collaborative approach.

An existing and growing concern facing the community is the increase in crystal-methamphetamine users that are experiencing psychosis in the community. The ACT Officers are receiving increasing numbers of requests from front-line staff in Patrol and the Community Services Division (CSD) to review files involving persons who have generated police calls due to their behavior. Many of these people end up being apprehended under Section 28 of the *Mental Health Act* as they present with severe mental health concerns leading officers to form belief that they are a threat to themselves or others. Hospital emergency departments continue to experience increasing presentations related to psychiatric conditions, regularly end up holding and monitoring these people for a few hours until the drugs clear at which time they are discharged. For many of these individuals drug use then resumes with declining mental health and behaviour until such time as this cycle is then repeated. The overall effect on both systems is significant and has created a demand for other solutions. A concerted and in-depth analysis of this issue would be extremely beneficial with an eye to adequately addressing what police are calling an epidemic in our communities.

VICPD ACT ANNUAL REPORT 2016

2016/2017 PILOT

In the 2015 ACT annual report, there were a number of ACT program challenges identified. One significant challenge was the need to increase support resources generally for those suffering with mental health and substance use (MHSU) issues. As this need increases, so too does the need to have more accessible police resources. There had been recognition on the part of the ACT Teams that absent more accessibility to police support, those clients who often pose the highest risks were not being accepted onto the teams. In many cases these clients are suffering significantly and their behaviours often manifest in violence, self-harm or serious disruption to the community. In July 2016, a six month pilot project was suggested by the Police Board and approved by A/Chief Del Manak to add a second ACT Officer to support the Teams. The move was well received by all the teams, including the 713 Outreach Team, and there has been a notable increase in the number of requests for assistance for police from all 4 ACT Teams.

In the fall of 2016, Victoria City Council and the Township of Esquimalt Council agreed to a request from the VicPD to fund a pilot program for two officers for one year with the possibility of extending it to two years if the success and utility of the program could be measured and demonstrated. The increase in funding enabled the police department to increase the number of ACT Officers dedicated to the program from 1 to 3. This has had an immediate and measurable positive effect on the teams, the community of service providers and the clients requiring care.

The increase in available police resources has enabled the teams to accept more high-risk clients. This has had an immediate positive impact on those persons who were in the past not receiving any level of care and who continued to be severely entrenched in their mental health illnesses, addictions and homelessness while in the community.

The teams that have now taken on these additional clients have come to rely on accessible police resources and as such have actually started to develop care plans that include participation of police. Absent those dedicated police officers integrated onto the teams, the health care professionals would be unable to provide the level of assertive community treatment required. Currently, there are 34 clients that require police assistance to deliver their care plans.

This has also provided a level of confidence on the part of supportive housing providers who have connected people they have identified as requiring intensive mental health care through police and onto respective teams. In one such case, the housing provider indicated that unless the client was taken onto one of the ACT Teams they would have to evict the person from housing as their behaviour was such that it was disrupting and endangering the other residents in the facility. With the assistance of the ACT Officers, this person was referred and accepted onto one of the teams if the police could be a part of the care plan. The client was accepted and the person did not end up losing their housing. It is this kind of symbiotic relationship between health, housing and police that exemplified the effectiveness of an integrated model.

VICPD ACT ANNUAL REPORT 2016

STATISTICS for 2017

Commensurate with the addition of two new ACT Officers, the Victoria Police have undertaken efforts to vastly improve the gathering of data as it pertains to the impact that mental health and substance use has on the organization. In November of 2016, Deputy Chief Colin Watson and Inspector Scott McGregor travelled to Vancouver where they met with Inspector Howard Tran of the Vancouver Police Department (VPD) and other members of the VPD Mental Health Unit. The VPD demonstrated new software that they had developed for the purpose of capturing and analyzing mental health data from the police PRIME system which they have called the Early Warning System (EWS). The data collected, and the format in which it was presented, painted a very accurate picture of the extent to which mental health impacts their police organization. Additionally, this data is being shared with their Health Care Partners, (Vancouver Coastal Health) and is being used to prevent clients from decompensating into crisis. The Victoria Police have now entered into an agreement to use the EWS and have already trained two of the three ACT Officers and one Analyst working in the Analysis and Intelligence Section to use this software. Final steps are being taken to secure a formal agreement with the VPD to enable access for the ACT Officers which should be completed in the fall of 2017.

With the addition of the second ACT officer, there has been a notable increase in the number of police referrals to ACT. From July 2016 to January 2017, there were 19 referrals in total, compared to 6 for all of 2015. This increase was mostly the result of only one additional ACT officer at that time. With the addition of the third officer, referrals continue to rise and as of July 2017, ACT and 713 Outreach have received a total of 30 referrals from police alone. Of the 30 referrals from police, 10 people have been accepted onto the teams. Although this number seems low, one must bear in mind that this represents 10 people that otherwise would not have been connected to any team. It should be noted that the increase in 10 persons brought the teams to capacity and there is now a wait-list of people who would qualify for this program. Additionally, out of the 10 clients accepted onto the teams, 4 of those persons consistently represented the top 5 call generators for police over the 28 days cycles of the Victoria Police Strategic Operations Council.

With the addition of the third ACT Officer to the team, the VicPD have started to collect data capturing the number of contacts that each officer has with ACT Clients. For the purposes of this report, data collected from May 15th, 2017 to July 31, 2017 show that the ACT Officers' had a total of 214 contacts with ACT Clients. This includes attending with other ACT Team members or in other cases, on their own when required. This equates to over 19 contacts per week over that 11 week period. It should be noted that not all ACT Officers worked every week due to annual leave and unplanned absences. Starting in May of 2017, the VicPD also changed the way that we capture data concerning the impact of Mental Health in the community on the Organization. A mandatory template was attached to each General Occurrence report that is completed by police officers. Every officer must now indicate on any General Occurrence report written whether mental health was a factor or not in that call to police. A mental health contributing factor does not have to mean someone in crisis or be the subject of the complaint. Issues concerning one's mental health can also impact clients who call police regularly. An example of this would be someone suffering from a delusion who calls police to report something they see as real. Additionally, persons who are challenged with mental health issues more frequently

VICPD ACT ANNUAL REPORT 2016

become victimized. This change in how this type of data is collected was made on May 15th, 2017. For the period of May 15th to July 31st2017, this data has allowed us to determine that roughly 19% of all calls for service resulting in the preparation of a General Occurrence report indicated that mental health was a factor in the call.

The types of calls with a Mental Health Factor
May 15th-July 31st, 2017

| Offence | MH Factor Yes |
|-------------------------|---------------|
| Violent | 141 |
| Property | 102 |
| Drug Offences | 8 |
| Mental Health | 364 |
| Disturbances | 880 |
| Breach or Non-Compliant | 50 |
| Weapons Related | 9 |
| Other | 561 |

2017/2018 PROJECTIONS

On the advice of municipal councils and others, Island Health and VicPD have reached out to identify a mechanism to objectively evaluate the extent of value of police participation in ACT. With the kind of assistance of the University of Victoria, Department of Psychology, a robust study of the ACT program is planned. More information on this will be forthcoming from the researchers when appropriate. The hope is that in time for 2019 budget discussions, a full study will be complete providing decision makers with objective information on which to based future decisions.

VICPD ACT ANNUAL REPORT 2016

MOVING FORWARD

Moving forward, the VicPD remains committed to seeking innovative solutions to meet the challenges these populations face living on our streets and in our communities. In this day and age there is recognition by police in North America, and certainly in Canada, that the Criminal Justice System and the Health Care System, as it pertains to people with these challenges, are interchangeable; one simply cannot function effectively without support from the other. In addressing the impacts that these populations have on communities, emergency services and the clients themselves, our experience has shown much greater success with multi-disciplinary teams working together and integrating toward solutions using an evidence-based approach.

VICPD ACT ANNUAL REPORT 2016

APPENDIX 1 – RMS Translation Table

Assist

911-FALSE/ABAND
ASSIST-EHS
ASSIST-MUN AGY
ASSIST-MUN POLIC
ASSIST-PROV AGY
ASSIST-RCMP
PROPERTY-FOUND
PROPERTY-LOST
PROPERTY-SEIZED

Public Disorder

BRCH PROB-ADULT
BRCH/BAIL VIOL
BRCH-RECOG-PROV
BYLAW-LITTER
BYLAW-NOISE
BYLAW-OTH
CAUSE DISTURB
CIVIL DISPUTE
CNTRFEIT CURR
FALSE ALARMS
HARASSING COMM
IND ACTS/EXPOSE
INDECENT COMM
INTEL-DRUGS
LANDLD/TEN DISP
LIQ-INTOX PUBLIC
MSCHF-5000 OR U
PEACE BONDS
WPNS-POSSN
DRUGS-SEIZURE
POSS-CAN RES>1G
POSS-CANBIS30G/<
POSS-COCAINE
POSS-HEROIN
POSS-METH
POSS-OTH SCH I
TRAFF-HEROIN
TRAFF-METH
ASSIST PUB/UNWNT

Traffic

215 ALC FAIL-90
215 ALCOH-24HR
215 ALCOH-3DAY
215 DRUG
COLL-DMGE <1000
COLL-DMGE >1000
COLL-NON-FATAL
DRIVNG COMPLNT
DRV DISQ/SUS-PRV
FAIL STOP-CCC
FAIL STOP-PROV
IMPOP MV (A)
PRHB/SUSP-NOT215
TRF-INS VIOLATN
TRF-OTH MOVE
TRF-OTH MUNCIPL
TRF-OTH NON-MOVE

Violence

ASSLT P/O W/WPN
ASSLT P/O-COMMON
ASSLT-COMMON
ASSLT-W/WPN-CBH
CRIM HARASSMENT
FORCE CONFINEMENT
SEX INTRFERENCE
SEXUAL ASSAULT
UTTR THRTS-PRSN
ROBBERY/EXTORTION

Other

DIST PER/ATT SUI
DOM DISP-NO ASLT
INSECURE PREM
INTEL-POP
MISS PERS
MISS PERS-HIGH
NO-CNSNT DST IMG
PARKNG VIOLATN
SUDDEN DEATH
SUSP PER/VEH/OCC
WARRANT-CCC
WARRANT-FED
WRNT EXC-O/SRCMP
CANCELLED FILES

Property

ARSON-PROPERTY
B&E-BUSINESS
B&E-OTHER
B&E-RESIDENCE
FRAUD-IDENTITY
FRAUD-M/P/S O/
FRAUD-M/P/S U/
FRAUD-OTH
THFT AUTO U/5000
THFT BIKE U/5000
THFT FR MV U/
THFT M/C U/5000
THFT TRUK U/5000
THFT-OTH U/5000
THFT-SHOP U/5000

VICPD ACT ANNUAL REPORT 2016

Appendix 2

Methodology

Data for this report was extracted from the Police Records Information Management Environment (PRIME) data warehouse. A series of queries were written to gather data from reports written by Victoria Police officers involving individuals who have been charged or were otherwise involved in a call for service (see Appendix 1 for a list of these types of calls) important enough to warrant a written report. Each query extracted data beginning January 1, 2008 and ending July 31, 2017.

Once the data was extracted, it was imported into excel where it was sorted by name and a new column was added crossing the name of the individual with their specific ACT team. Those individuals who were not a VICOT, ACT, Seven Oaks or STEP client were removed from the analysis. Two new columns were added at that point: "Start Date" and "Discharge Date". This data was provided by our Mental Health Officers. Start Date included the day, month and year that each client entered a Team and the "Discharge Date" similarly included the date the clients left one of the teams.