

Halton Crisis Protocol

Purpose of the Protocol:

Police and social services often interact when individuals with a mental illness experience a crisis. The goal of this protocol is to ensure that these services support one another in a manner that:

1. Ensure that services are provided by the most appropriate provider(s) and that a team approach be used to fully meet the needs of the individual.
2. Ensure that the expectations of each participant are consistent with the mandate of their service agency.

Goals of the Protocol:

1. To support the emergency response provided to individuals with a mental illness in crisis.
2. To increase the effectiveness and cohesiveness of crisis services for the Halton region.
3. To promote the use of the Common Crisis Plan to improve service coordination for individuals who are likely to utilize crisis services.

Guiding Principles:

1. Every individual deserves to be treated with dignity, compassion and respect.
2. Individuals with a mental illness may require supplementary community supports to assist them during a time of crisis.
3. The Crisis Plan and Protocol are entirely client-directed and are for the sole purpose of assisting and providing support to an individual with a mental illness during crisis.
4. We are inclusive and equitable and sensitive to gender, race, age, ability, sexual orientation, culture, socio-economic and religious backgrounds.

Review:

1. Agencies will review the Crisis Plan and Protocol with the individual on a regular basis to determine relevance and update any changes, as per each service provider's respective policy and mandate.

Scope of the Protocol:

This protocol is inclusive of services provided by the following emergency crisis services providers:

- Summit Housing & Outreach Programs
- Halton Regional Police Service Police
- Canadian Mental Health Agency-Halton Region Branch

By signing this Protocol, the above mentioned service providers are committing to their involvement in this protocol for responding to crisis in the community.

Common Crisis Plan for Halton Regional Police Service

Personal Information

Name: _____ Date of Plan: _____
Address/City: _____ Postal Code: _____
Phone #'s: _____ Date of Birth: _____
Primary Worker: _____ Primary Worker Phone #: _____

Diagnosis:	
Mental Health & Medical Concerns: (i.e. allergies, sensitivities, physical and mental health issues, suicidal behavior, addictions/dependencies, mode of communication)	

Emergency Contact Information:

Name:		Phone #:	
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My "triggers" for a crisis:

1.
2.
3.

My "early warning signs" for a crisis:

1.
2.
3.

My "coping strategies" when I experience early warning signs for a crisis:

1.
2.
3.

What usually happens when I am in crisis:

- 1.
- 2.
- 3.

When I am in crisis, my coping strategies are:

- 1.
- 2.
- 3.

Please list items that would be helpful during crisis: (i.e. soft voice, avoiding eye contact)

- 1.
- 2.
- 3.

Please list items that may not be helpful during crisis: (i.e strong tone of voice, direct eye contact)

- 1.
- 2.
- 3.

Places I can go or people I can talk to and when are they available:

- 1.
- 2.
- 3.

Community Connections/Supports I use and how they help me:

- 1.
- 2.
- 3.

Primary Worker Signature

Signature

