

L.E.A.D. Team PROTOCOL

Between

Upper Ottawa Valley Ontario Provincial Police
Killaloe Ontario Provincial Police
Renfrew Ontario Provincial Police
Arnprior Ontario Provincial Police
Deep River Police Services
Pembroke Police Services
Petawawa Military Police

Renfrew County Community Mental Health Services

County of Renfrew Paramedic Service

Pembroke Regional Hospital
Deep River & District Hospital
St. Francis Memorial Hospital
Renfrew Victoria Hospital
Arnprior & District Memorial Hospital

Schedule-One Hospital

DEFINITIONS

L.E.A.D. **Liaising Renfrew County Police Services and Renfrew County Community Mental Health Services, Emergency Departments, Ambulance Services, Diversion**

RCCMH **Renfrew County Community Mental Health Services**

CPIC **Canadian Police Information Centre**

CCD **Communication Centre Dispatcher**

CTO **Community Treatment Order**

EDP **Emotionally Distressed Person**

ECO **Emergency Department Charge Nurse**

ERCC **Emergency Room Crisis Caseworker**

L.E.A.D. Team Members - Members of the police service and front line service providers who have received enhanced training to handle incidents involving police interaction with emotionally distressed persons

L.E.A.D. Team Liaison - are responsible for the L.E.A.D. Team and Community partner communications, ongoing training issues, statistical analysis, problem solving, team program effectiveness.

Partners - for the purpose of this protocol, the L.E.A.D. Team partners are: **Upper Ottawa Valley Ontario Provincial Police, Killaloe Ontario Provincial Police, Renfrew Ontario Provincial Police, Arnprior Ontario Provincial Police, Deep River Police Services, Pembroke Police Services, Petawawa Military Police, Renfrew County Community Mental Health Services, County of Renfrew Paramedic Service, Pembroke Regional Hospital, Deep River & District Hospital, St. Francis Memorial Hospital, Renfrew Victoria Hospital, Arnprior & District Memorial Hospital, Schedule-One Hospital**

Police Officer - as defined in the Police Services Act

Qualified Physician - psychiatrist, family physician, general practitioner and physicians working in psychiatric facilities who have knowledge of the Mental Health Act.

2. Mission Statement/Purpose

The Renfrew County L.E.A.D. Team – is a responsible community based partnership between front line service providers (police, mental health, consumer survivor groups, paramedic service, emergency room staff). The purpose of this team is to facilitate and promote effective, compassionate care to the members of this community and their families and, specifically, emotionally distressed persons in crisis. This purpose will be attained through a commitment to work collaboratively, joint protocols, and increased training of the L.E.A.D. Team Members.

3. Statement of Principles

The guiding principles of this protocol are:

- To work collaboratively to better serve the mentally ill/person in crisis in our community
- To promote respect and civility pertaining to all **emotionally distressed persons**
- To preserve dignity and safeguard the wellbeing of all emotionally distressed persons
- To cooperate and assist one another in carrying out our individual responsibilities
- To ensure the safety of the emotionally distressed person, the community, and the community partners.

5. Values and Beliefs

We believe that:

Emotionally Distressed Persons are valued members of our community who are suffering from a disease and deserve our respect and assistance.

Emotionally distressed Persons deserve access to appropriate care, resources and support

We have a united, collective responsibility to persons in crisis

That strengthening, renewing, and building community partnerships is essential in providing the best interventions for persons in crisis

Sharing knowledge with one another/networking via on-going participation and contribution of LEAD team members in training initiatives

Annual LEAD team training

Conducting on-going and timely review of protocol and training initiatives to maintain program integrity and effectiveness.

6. Goals

- § Better serve the **emotionally distressed persons** in our community
- §
- § Reduce the possibility of tragic consequences during interactions between the Police or emergency services and the emotionally disturbed person
- §
- § Re-design, evaluate and change as we develop further partnerships and identify program deficiencies
- §
- § Education of team members - specialization and program enhancement to be shared with other team members in annual training
- §
- § Share information on our program with the community
- §
- § Promote public support to expand community programs
- §
- § Advocate for changes to local programs to benefit consumers and their families
- §
- § Advocate for government funding for the L.E.A.D. Team program, includes community partners and all programs to benefit this community
- §
- § Stimulate public understanding and support through community presentations
- §
- § Promote and investigate the benefits of additional community partnerships
- §
- § Assist our partners to more effectively carry out their responsibilities to care for emotionally disturbed persons

7. The Concept

As downsizing of mental health facilities proceeds in the Province, more police officers and emergency / mental health professionals are responding to situations involving the mentally ill. The concept of additional training and enhanced partnerships has been established with the hope of developing, and implementing safe, proactive and preventative methods of containing emotionally explosive situations involving emotionally distressed persons.

The L.E.A.D. Team members use their training to attempt to de-escalate volatile situations without resorting to the use of force. In similar programs, police have recognized a significant reduction in consumer and police injuries during crisis calls. We anticipate that this benefit, as well as improved relationships with the mentally ill and mental health professionals will be realized in **Renfrew County** as a result of the L.E.A.D. Team.

This basic concept was implemented in 1988 by the Memphis Police department and has grown into a nationally recognized model for community policing and advocacy for the mentally ill in various communities. In Ontario, Chatham-Kent Police Services has developed and successfully implemented four-day advanced mental health training for police (H.E.L.P.).

In Southeastern Ontario, Lanark County Mental Health in Partnership with their local police services has developed the two day L.E.A.D training template, a comprehensive 16 hour training for police and front line responders. This template has become a standardized template for training across the South East.

9. Information Sharing and Disclosure

Partners, while assisting each other to better serve the emotionally disturbed person, must be cognizant of their rights and relevant statutes such as the Freedom of Information and Privacy Act, Health Care Consent Act and Bill 68.

10. Joint Training

Training will be an important component of our ability to better serve the emotionally distressed person. Our partners are committed to assist each other in their training needs. Training will be constantly modified to enhance our ability to serve the emotionally distressed person.

L.E.A.D. Team members will attend an initial 16 hours of training under instructional supervision of mental health providers. Further, individual members will receive enhanced training back to the rest of the team to further develop and renew our

program.

The objectives of this training are as follows:

To develop among course participants enhanced interviewing, communicating, and advisor skills to enable them to function effectively as Referral agents

To increase the awareness and understanding of mental health issues and particularly better understand the perspective of the consumer and their family members

To develop and enhance the course participants skills in interviewing and communicating with mentally ill persons

To increase the knowledge about the most common mental illnesses, the effects of those illnesses and the appropriate ways for members to approach and deal with these individuals

To increase course participants knowledge in available community resources

To have course participants understand the range and the relative importance of strategies for effectively de-escalating volatile or emotional situations.

11. L.E.A.D Team Response

11.1 L.E.A.D. Team or Community Patrol Branch involvement is initiated by calling the Emergency Communications Centre, **911**.

8.2 The Communication Centre Dispatcher (CCD) will decide who will respond to the call for service based on nature of the call and availability of the L.E.A.D. Team. If practical, a L.E.A.D. Team Officer will be dispatched to any incident involving an EDP.

8.3 If a L.E.A.D. Team Officer is not immediately available, regular patrol officers will respond to the call for service. A L.E.A.D. Team Member will be made aware of the call and may be used as a resource by the patrol officers.

8.4 If L.E.A.D. Team Officers are attending the scene they will be responsible for interaction with the EDP at the scene.

8.5 **If necessary, take the EDP to the nearest Emergency Department for**

assessment.

8.5.1 The Police Officer is responsible for arranging transportation of the EDP

8.5.2 As soon as the officer decides to transport the EDP the following procedure will be followed:

- The CCD should be advised to contact the local Emergency Department for assessment, either voluntarily or involuntarily Emergency.
- The CCD will advise that the EDP is being brought in for assessment
- The estimated time of arrival
- Whether the EDP is being transported by ambulance or police
- Whether the assessment is voluntary or involuntary
- The state of the individual to determine whether the EDP should be triaged normally.

8.5.3 The admitting procedure is as follows:

- If the EDP is being transported by police they are to use the ambulance entrance (where accessible).
- When an EDP is brought to the emergency room the initial assessment will be completed by the Emergency Room Nurse. Acute Mental Health will be contacted for assessment when EDP is in the Pembroke Regional Hospital. The Emergency Room Crisis Caseworker (ERCC) may also be contacted for consultation/assessment for support or when there is a non-admission (for a 16-year-old or older).
- The Emergency Room Physician determines admission, Form 1, or discharge of EDP
- Acute Mental Health County-Wide Direct Admissions will be coordinated through the Physician without admitting privileges from outlying hospitals by contacting the Acute Mental Health Director/Clinical Resource Program Charge Nurse for admission to the Acute Mental Health Inpatient Program

If the EDP requires Form 1 (Application for Psychiatric Assessment) the closest Schedule 1 facility will be contacted for psychiatric consultation.

The emergency department staff will arrange patient transport, in the execution of a Form 1. Appropriate transportation will be arranged according to the particular circumstance.

If the EDP is discharged from the schedule 1 the Emergency Room physician/staff will ensure that Renfrew County Community Mental

Health is contacted so that follow-up is provided and appropriate referrals made.

8.5.4 If the EDP is requiring Form 1 assessment and requires physical and/or chemical restraint, these will be administered to the EDP in the Emergency Department, when possible, to lessen the likelihood of violent behavior during transport to the local Schedule 1 psychiatric facility.
The EDP must be medically stable before transport to local Schedule 1 psychiatric facility.

8.6 **If the EDP is not admitted to the hospital**, the **ERCC** will be contacted for crisis intervention and referral to community based support services for themselves and/or family members of the EDP.

8.6.1 RCCMHS contact numbers:

RCCMHS through the ERCC will provide advice or mobile response to local hospital Emergency Departments.
RCCMHS ERCC Pager # 1-877-807-9953 is available from 10:00 a.m. – 8:00 p.m.

RCCMHS Central Intake and Referral Line 1-800-991-7711

RCCMHS office hours 8:30 a.m. - 4:30 p.m. Monday to Friday
Call (613) 732-3675 (8005)

Mental Health Crisis Line 1-866-996-0991 24/7 Bilingual Service

8.7 Responding L.E.A.D. team members will submit a contact report to RCCMHS to ensure integrity of service delivery to the EDP and impetus of community partnerships

8.8 Statistical Information regarding L.E.A.D. team response will be maintained for program evaluation purposes.

13. Authorization

We, the undersigned on behalf of our respective agencies agree to the joint Protocol to better serve this community and, specifically, emotionally disturbed persons.

_____ Upper Ottawa Valley Ontario Provincial Police	_____ Date
_____ Killaloe Ontario Provincial Police	_____ Date
_____ Renfrew Ontario Provincial Police	_____ Date
_____ Arnprior Ontario Provincial Police	_____ Date
_____ Deep River Police Services	_____ Date
_____ Pembroke Police Services	_____ Date
_____ Petawawa Military Police	_____ Date
_____ Renfrew County Community Mental Health Services	_____ Date
_____ County of Renfrew Paramedic Service	_____ Date
_____ Pembroke Regional Hospital	_____ Date
_____ Deep River & District Hospital	_____ Date
_____ St. Francis Memorial Hospital	_____ Date

Renfrew Victoria Hospital

Date

Arnprior & District Memorial Hospital

Date

Schedule-One Hospital

Date