Short Term Residential Crisis Services

Summary note of the meeting held September 25, 2007
Eaton Centre Marriot, Toronto, Ontario

During the HSJCC conference held in September, organizations who received Service Enhancement funding for Short-Term Residential Services (Safe Beds) were invited to participate in a session facilitated by Carol Gold of the Ministry of Health and Long-Term Care.

In the near future an RFP will be issued to hire a consultant to conduct a review of the Short-Term Residential component of the Service Enhancement initiative. The purpose of the meeting in September was to get an idea of how the safe beds are being implemented and to solicit input from the agencies operating them of what the consultants should be asked to consider while doing the upcoming review. Summary notes from that meeting are shown below.

Introduction

Carol Gold, MOHLTC, welcomed approximately 25 people to the meeting and explained that its purpose was to:

- provide an overview of the safe bed program
- solicit input into the request for proposals that will be issued to conduct a review of the safe bed program
- introduce the safe bed availability tracking tool developed by ConnexOntario

Presentations

1) Terry McGurk, Hamilton, provided a slide presentation which gave consideration to a number of facets of Crisis Services and Short Term Residential programs. Some of the topics in Terry's presentation included:

   - crisis response service standards
   - measures of success of crisis programs
   - data collection for the purposes of evaluation
   - performance domains for crisis response programs

   A discussion on the material presented by Terry then ensued. It was apparent from the participants that there is wide variation in how crisis services operate and how safe beds are being provided. There was general agreement that "the devil is in the detail" when looking at crisis services programs across the province.

2) Mary-Anne Beeby from the Kingston/Frontenac area then presented on some aspects of crisis services in the eastern part of the province. Some of the points that she made or which were raised from the participants included:

- referrals are being made from the local Emergency Room to safe beds to divert clients from inpatient beds
- in Ottawa, the safe bed program has a doctor attached as a consultant
- the NY State Crisis Standards were offered as a possible guide to best practices
- the notion of ER holding beds being linked to safe beds was raised

Issues and Gaps

Several issues and gaps were identified:

- funding levels have compelled programs to adopt service models that are not optimum
- Timmins has had to locate their safe beds in a Concurrent Disorder residential setting
- Peterborough's program only operates 12 hrs./day due to the funding available
- in the NE most safe beds are closely linked to withdrawal management services
- in one area of the NE all safe bed referrals go through the local ER
- the safe beds in Kingston will be in a motel or a reserved bed in a shelter
- in Peel the beds are on the main floor of an apartment building with a supportive housing program
- some people coming to the beds from correctional facilities arrive without drug cards or medications – Corrections is working to fix this
- the size and activity of the release from custody program was discussed and there was a general sense that these clients alone could swamp the system in many areas
- remanded inmates were discussed and many participants felt that there is great need for service agreements among all the players in the system to deal with this client group
- shared care models were cited as being an effective way to deal with the release from custody population
- it was noted that many safe bed users are homeless
- in Peterborough the beds are closely linked to the mobile crisis team
- in Ottawa the emphasis is on diversion from jail and inpatient beds – they pay a per diem to other providers to house clients – a big challenge is hooking the crisis clients into on-going service to clear them out of the crisis beds – half of Ottawa's referrals to safe beds come from police services – Ottawa does not view their beds as a "step-down" option
- several participants agree that safe beds should be utilized to get clients out of inpatient acute beds
- it was acknowledged that there is a huge difference between urban and rural crisis response programs and how beds will likely be used.

There was discussion regarding program success measures

- some agencies (Terry's) have built a database
- various assessment tools maybe/are in use (Global Functional, Threshold Grid)

- several participants said we should be trying to measure how much money the safe beds are saving Corrections and Acute inpatient units
- safe beds should be viewed as providing a less intrusive option (than jail or Acute care)
- there are wide variations in the targeted Length of Stay for the beds
- Ottawa tries for five days max
- others go to 30 days and one provider said 60 is necessary to conform to the court cycle of processing a client
- some good examples of inter-ministry partnering were cited – in the Peterborough area MCSS funded agencies have assigned a behaviourist to work with dual diagnosis clients in the program

Factors to consider when reviewing the program

- define what a crisis is
- what use can be made of transitional housing in a given area
- how are the beds in each area accessed
- examine the need for service agreements among the players
- where do Homes for Special Care and Domiciliary Hostels fit
- staff and other resident safety is a concern
- all players must be involved/buy-in
- can/should police directly access the beds
- should access be via mobile programs if they exist in an area
- the handling of release from custody clients should be examined
- the handling of clients on remand should be examined
- ER doctors, particularly where the ER admits to Acute beds, need to be well briefed on the safe bed program

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