

Protocol

An agreement between

Timmins Police Service
(TPS)



Canadian Mental Health Association
Cochrane-Timiskaming Branch
(CMHA)



CANADIAN MENTAL
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

Filiale Cochrane Timiskaming Branch

and

South Cochrane Addictions Services
(SCAS)



May 2, 2011

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Timmins Police Service, CMHA Cochrane Timiskaming Branch, & South Cochrane Addictions Service

1. Introduction

The Canadian Mental Health Association Cochrane-Timiskaming Branch (CMHA), the South Cochrane Addictions Services Inc (SCAS), and the Timmins Police Service (TPS) share a concern for citizens of Timmins who are experiencing mental health and/or addictions issues.

In any year, between one in four and one in five adults will experience an addiction issue or serious mental illness¹. Often, these individuals do not receive support or treatment. Lack of awareness of available services, stigma, and the effects of illness which can cloud insight are the most common reasons for not seeking help. An encounter with police can be a potent opportunity to break through these barriers and engage in needed services. For people who are receiving services and have an encounter with police, tailoring support to the particular situation can be of benefit to deal with the related stress, and the opportunity to learn from the encounter can facilitate recovery.

Many people experiencing mental health and addictions issues resort to dialing 911 or contacting the police during crisis. By virtue of their role as emergency responders, police are called upon to assist. In addition, police also respond to circumstances in which the public or families of a person with a mental illness and/or addictions issue ask for help, apprehensions under the Mental Health Act, disturbances in which a person appears to have a mental illness and/or addictions issue, and non-offence situations in which the police become aware that someone appears to be at risk or is in need of assistance.

Some of these individuals encountered by the TPS are current recipients of services of the CMHA and/or the SCAS, and many who are not might well benefit from the opportunity to receive services. Being disconnected from the service providers, and not knowing who might be a client of CMHA and/or SCAS limits the police's options for facilitating a connection to services.

A collaborative response between service providers and first responders represents best practice and as such, is an effective way of addressing issues and meeting the needs of people who seem to be in emotional distress or experiencing symptoms of a serious mental illness or addictions issue who come into contact with police. This protocol describes the specific commitments of all parties in meeting the needs of these common clients.

¹ Health Canada (2002)

²Police & Mental Health - A Critical Review of Joint Police/Mental Health Collaborations in Ontario. Provincial Human Services and Justice Coordinating Committee (Jan 2011).

2. Purpose

This protocol creates a basis for cooperation between the CMHA Cochrane-Timiskaming Branch, the South Cochrane Addictions Services Inc, and the Timmins Police Service when working with people presenting with symptoms of mental illness and/or addictions issues who have come into contact with the police. This agreement serves several purposes related to these common clients:

- 2.1 Improve the ability of both police services and CMHA/SCAS to respond to the needs of common clients;
- 2.2 Minimize use of police resources by reducing unnecessary charges and repeat involvement with common clients; and

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- 2.3 Improve access to supportive services for those who are currently receiving services or for individuals who may benefit from receiving services.

This protocol also serves as a foundation for future partnership agreement. Opportunities to potentially expand the partner agencies/services and the nature of shared involvement within this protocol will be considered.

3. Overview

In order to achieve the purpose outlined above and best meet the needs of common clients in the community, CMHA, SCAS, and TPS agree to share information, especially to facilitate active outreach to common clients, and to provide and participate in mutual training.

4. Structure

4.1 Information Sharing

Information sharing will occur in two directions.

- 4.1.1 In order to ensure that police are pre-informed that an individual involved in an encounter is a recipient of either CMHA or SCAS services, these community agencies will provide police with basic identifying information of clients who consent. This enables the responding Officer to adjust his/her approach accordingly,
- 4.1.2 If someone appears to be in emotional distress or experiencing the symptoms of a mental illness or addiction, the police will share this information with CMHA and/or SCAS, either at the time of the encounter or immediately following, so that outreach to these individuals may occur to encourage engagement in service.

Four strategies (client list, support worker access, outreach cards, key contacts) enable this sharing of information as per the procedures outlines below.

4.2 Client List

- 4.2.1 The CMHA will actively seek consent of clients of their mental health programs (see Appendix A) to provide the TPS with name, date of birth, address, and telephone number, and any relevant information considered beneficial in assisting the attending officer to respond to that individual and de-escalate potential crisis (see Appendix B).
- 4.2.2 CMHA Program Assistant will regularly send an updated list of clients who have consented to share the information with the TPS to the attention of the TPS employee responsible for information requests.
(note: as at date of protocol signing, sent to the attention of Karin Zurby)
- 4.2.3 The CMHA will update this list approximately twice annually.

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- 4.2.4 TPS will enter this information in their database, the Police Record Management System, including the end-date of the consent, so that when queried, officers will be aware that this individual is receiving or has received service of the CMHA.

4.3 Support Worker Access

The CMHA and SCAS will provide phone access for Police Officers to contact a mental health or addictions worker in order to consult or to facilitate the process of engaging the individual in service. Note that there is no current capacity within CMHA nor SCAS to provide guaranteed mobile crisis/outreach service. The option of the worker responding in person will be discussed on a situation-by-situation basis.

- 4.3.1 The Officer may call:

CMHA Mental Health Worker:

705.267.8100 ext 2233 weekdays 8:30am-4:30pm

705.365.7687 weekdays 4:30pm-12 midnight

705.365.7687 weekends & stat holidays 12 noon to 12 midnight

SCAS Case Manager – Addictions & Housing:

705.264.5202 weekdays between 8:30am-4:30pm

- 4.3.2 Should the Officer be uncertain whether the enquiry should be directed the mental health or addictions agency, he/she is encouraged to call either, and the worker who receives the call will take responsibility for redirecting if needed.
- 4.3.3 Messages may be left by the Officer outside these hours, and the designated worker will respond on the next day.

4.4 Outreach Cards

- 4.4.1 The CMHA/SCAS will supply the TPS with 2-part outreach cards that provide contact information for CMHA/SCAS, and will allow officers a user-friendly method of recording information regarding common clients or individuals who might benefit from the service. CMHA will assume responsibility for creating and printing these cards; CMHA and SCAS will share the costs equally.
- 4.4.2 Outreach Cards will be used by the attending Officer to encourage that individual to accept follow-up from mental health or addiction services. At the Officer's discretion, the ½ of the card that describes how to seek service is provided to the individual, and the remaining ½ is used by the Officer to enter basic information (e.g. client & Officer names, phone number) and fax to CMHA for outreach/follow-up (see Appendix C).
- 4.4.3 A Police Officer responding to a known CMHA or SCAS client may contact a mental health or addictions worker during the response to assist, as appropriate
- (for example, to have a worker talk directly to the individual to set and encourage attendance at an appointment for the next week-day).

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4.4.4 A Police Officer responding to an individual not on the Client List, but who appears to be in emotional distress or experiencing symptoms of a serious mental illness and/or addiction, at his/her discretion, will:

4.4.4.1 Ask if that person is receiving services, and if so, request permission to contact their worker.

4.4.4.2 Complete an outreach card, and indicate that someone who will be able to help them will be contacting them for follow-up.

4.4.4.3 Fax or deliver to CMHA so that next-weekday outreach will be facilitated.

4.4.5 The designated CMHA mental health worker will forward information to the SCAS case manager should there appear to be an addictions issue. One of these workers will respond to all calls and faxed Outreach Cards wherever possible, within the next workday.

4.4.6 The CMHA or SCAS worker assumes responsibility for follow-through at that point, including:

4.4.6.1 Forwarding information to the other agency if that agency is the more appropriate lead according to the client's needs

4.4.6.2 Upon obtaining client consent and faxing this to the police, the worker will contact police to obtain further information from the report to inform therapeutic approach

4.4.6.3 Outreach efforts to the individual

4.4.6.4 Conducting screening and triaging needs

4.4.6.5 Referral to appropriate services within the community, and

4.4.6.6 Facilitating engagement to such services

4.4.7 The responsible CMHA or SCAS worker will inform police of the outcome of all outreach cards received, within the limitations of client consent.

4.5 Key Contacts

All parties have identified key contacts to facilitate related communication and to serve as champions re: issues of serving individuals with mental illness and/or addictions who come in contact with the police.

CMHA	Team Lead, Justice Support Services
SCAS	Case Manager-Addictions & Housing
Timmins Police	Mental health/addictions lead for each platoon.

(note: as at date of protocol signing, contacts are as follows: CMHA-Mark Lionello; SCAS-Willy Dumoulin; TPS-4 platoon leads to be determined)

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5.0 Joint Training

All parties will engage in training to enhance mutual knowledge of each others' respective roles and responsibilities. On-going communication and shared encounters will serve as learning opportunities for all parties. This will occur through formal training and in vivo during shared responses.

5.1 Formal training for Police will include:

5.1.1 Annual in-depth training clinic – for platoon leaders, supervisors and others as available, on site at CMHA/SCAS (see Appendix D).

5.1.2 Annual platoon brief training – CMHA / SCAS will facilitate training for front-line officers. T

he focus of this training will be:

5.1.2.1 To recognize potential signs of mental illness / addictions

5.1.2.2 To understand the subjective experience from the perspective of the common client.

5.1.2.3 To provide pragmatic techniques to officers for addressing mental health and addictions issues, especially with people in crisis. This may include verbal de-escalation techniques, suicide intervention response, and methods of motivating an individual to seek treatment.

5.1.2.4 To familiarize officers with available services/resources/protocols in the community.

5.2 Training for CMHA/ SCAS staff will include:

5.2.1 Shadowing opportunity whereby staff accompanies an Officer on patrol during “peak” hours where encounters with common clients usually occur.

5.3 Informal in-vivo training will occur through the opportunities arising when responding Officers communicate with CMHA/SCAS staff and when feedback on outcomes is provided back to Police.

6. Conflict Resolution

6.1 CMHA, SCAS and TPS agree that clear, direct, respectful communication will form the basis for this collaborative relationship. Conflicts are viewed as opportunities to improve mutual understanding, and to potentially improve process and outcomes.

6.2 If differences arise pertaining to the approach with common clients or the implementation of this agreement, resolution will proceed as follows:

6.2.1 Parties involved will discuss the matter and agree upon a resolution that is mutually satisfactory.

6.2.2 If consensus cannot be reached at that level, the staff will consult with their respective agency key contacts to aide in resolution.

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6.2.3 If consensus cannot be reached at that level, staff will direct the issue to their respective managers/supervisors who will then jointly negotiate a resolution.

7. Protocol Term & Review

This protocol will be reviewed at the written request of any one of the parties to the protocol as per the signatories below. Unless any of the parties request a review, this agreement shall continue to be valid. Changes in the staff of positions noted in this agreement may be communicated to the key contacts, and do not warrant modification of the protocol.

8. Conclusion

This protocol reflects the spirit of inter-agency collaboration between the Canadian Mental Health Association Cochrane-Timiskaming Branch, the South Cochrane Addictions Services, and the Timmins Police Service that will provide efficient and effective service to the individuals who come into contact with the Police who are experiencing emotional distress, symptoms of mental illness, and/or addictions.

NAME / POSITION	SIGNATURE	DATE
John Gauthier Chief of Police Timmins Police Service		
Angèle Désormeau Executive Director South Cochrane Addictions Services		
Clark MacFarlane Acting Executive Director CMHA Cochrane-Timiskaming Branch		

Revised: June 30, 2011

Revised: August 8, 2011

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Appendix A – Sample Consent Form

CMHA Procedural Notes:

- Seeking client consent is a routine part of the intake process then is revisited twice yearly.
- A notice is sent out each Apr & Sept 1st reminding staff it's time to contact clients to explain this agreement and to request consent.
- Staff approach clients at next scheduled contact, and if none in next 2 weeks, call the client for this purpose.
- The response is forwarded (consent or no consent) to program assistant to compile list and submit to police by end of Apr & Sept.
- Staff uses clinical discretion in determining the appropriateness of initiating this consent conversation.



**CANADIAN MENTAL
HEALTH ASSOCIATION**

**ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE**

Cochrane Timiskaming Branch
Filiale Cochrane Timiskaming

Consent for

Canadian Mental Health Association Cochrane-Timiskaming Branch and Timmins Police Service to share information.

I, _____, give consent for my name, date of birth, address and other relevant
(PRINT NAME)
information to be included on the list that the Canadian Mental Health Association Cochrane-
Timiskaming Branch (CMHA) routinely provides to the Timmins Police Service.

If I have any contact with the Police, the Officer will know that I am receiving or have recently
received services from CMHA.

I also give consent for the Timmins Police Service to share information with the CMHA about
involvement I have had with them.

This sharing of information will allow the police and the CMHA to work together to help me.

My consent is valid until _____ (6 months from now)

or

I choose to end my consent in writing.

My Signature

Date

Witness Signature

Print Witness Name

Date



Consentement

au partage de renseignements entre

**l'Association canadienne pour la santé mentale, filiale de Cochrane Timiskaming
et le Service de police de Timmins.**

Je, _____, consens à donner mon nom, ma date de naissance, mon adresse
(NOM EN LETTRES MOULÉES)

et tout autre renseignement pertinent inclus sur la liste que l'Association canadienne pour la santé mentale, filiale Cochrane-Timiskaming, (ACSM) fournit systématiquement au Service de police de Timmins.

Si j'ai des contacts avec la police, l'agent saura que je reçois des services ou que j'ai récemment reçu des services de l'ACSM.

Je consens également à ce que le Service de police de Timmins partage des renseignements avec l'ACSM au sujet de mes interactions avec la police.

Ce partage de renseignements permettra à la police et à l'ACSM de collaborer pour m'aider.

Mon consentement est valide jusqu'au

_____ (6 mois de la date de la signature)

ou

jusqu'à ce que je retire mon consentement par écrit.

Ma signature

Date

Signature du témoin

Nom du témoin en lettres
moulées

Date

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Appendix B – Sample CMHA client list for Timmins Police Service

Cover Letter

Dear ;

On behalf of the Canadian Mental Health Association Cochrane Timiskaming Branch and the South Cochrane Addictions Service, I would like to provide the Timmins Police Services with an updated CMHA Client List and supply of Outreach Cards to assist your officers in working collaboratively with us in situations when our clients come into contact with your services.

This list includes all clients as of [date] who have consented. **Please note that this consent is for a 6-month period.** We will provide an updated list at that time.

Not all clients have consented at present for us to share this information with you, so we do encourage your officers to ask individuals who may appear to be in emotional distress or experiencing the symptoms of a mental illness or addiction to ask if they are receiving services, and if so, to request permission to contact us.

The enclosed supply of Outreach Cards provide information on how to reach a Mental Health or Addictions Worker and allow the responding Officer to initiate engagement in service.

This Client List and the enclosed Outreach Cards are as per the Protocol between CMHA, South Cochrane Addictions Service, and Timmins Police Service (May 2011). Should any issues arise related to this agreement, please contact either

- Mark Lionello, Team Lead at 705.267.8100 ext. 2297; or
- Willy Dumoulin, Case Manager – Addictions & Housing at 705.264.5202

We look forward to continuing this collaboration to offer the best possible service to our common clients.

Sincerely,

Program Assistant

Clients of the CMHA Cochrane Timiskaming Branch

As of [date]

Consent valid until [date]

Name	Gender	DOB	Residential address	Other Information e.g to help prevent/de-escalate crisis

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Appendix C – Sample Outreach Card

2-part detachable card

Side B Fax card & English client portion



Canadian Mental Health Association
Cochrane-Timiskaming Branch
South Cochrane Addictions Services



Outreach Card

Name: _____
 Address: _____
 Phone: _____
 Language: _____ D.O.B. _____
 Police involvement - Date/time: _____
 Reason: _____

 Officer: _____ Occurrence #: _____

- Person aware that someone from mental health or addictions services will contact him/her to offer help? **Yes / No**
- Person seems open to this? **Yes / Tentative / No / Unknown**

Note: For more information on the occurrence, worker may contact Karin Zurby, TPS, 705.264.1201 x8053 (with client consent)

Side A: Police instructions & French client portion

Police portion

If you encounter someone who seems to be experiencing symptoms of mental illness or substance abuse, your involvement and encouragement can be a powerful motivator for that person to accept help. This Outreach Protocol allows police to easily link persons in need to services.

Instructions:

1. Explain this outreach opportunity if appropriate (*"a chance for help / for things to be better"*)
2. Contact a worker if phone support would assist:
Mental Health -705.267.8100 ext. 2233 (w/d 8:30am-4:30pm) / 705.365.7687 weekday 4:30-midnight & week-end noon-midnight)
Addictions -705.264.5202 (weekdays 8:30am-4:30pm)
3. Detach and leave *"We are here to help"* portion with person.
4. Complete the information on the reverse of this card.
5. **Fax Outreach Card to CMHA. 705.267.8202**
6. A CMHA mental health worker or SCST addictions worker will follow-up on the next business day. If there is consent, the worker may contact police in advance for further information on the occurrence and will also inform police of the results of this outreach effort.

We are here to help.

When we call on you in the next few days, we hope that you will accept this invitation to find out more about our services.

	<p>Canadian Mental Health Association Cochrane-Timiskaming Branch 330, avenue Second Ave., Suite 201 Timmins, ON P4N 8A4 705.267.8100 www.cmhact.ca</p>
	<p>South Cochrane Addictions Services Inc. 85 Pine Street South, Unit 2, Lower Concourse Timmins, ON P4N 2K1 705.264.5202 www.nt.net/scasinc</p>
	<p>Timmins Police Service 185 Spruce Street South Timmins, ON P4N 2M7 705.264.1201 www.police.timmins.ca</p>

Nous sommes là pour vous aider.

Lorsqu'on vous approchera dans les prochains jours, nous espérons que vous accepterez cette invitation pour en savoir plus sur nos services

	<p>Association canadienne pour la santé mentale Filiale Cochrane-Timiskaming 330, avenue Second, Suite 201 Timmins, ON P4N 8A4 705.267.8100 www.cmhact.ca</p>
	<p>Service de Toxicomanie Cochrane- Sud Inc. 85, rue Pine Sud, Bureau 2, Galerie commerciale Timmins ON P4N 2K1 705.264-5202 www.nt.net/scasinc</p>
	<p>Service de police de Timmins 185, rue Spruce sud Timmins, ON P4N 2M7 705.264.1201 www.police.timmins.ca</p>

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Appendix D – Sample Police training

Platoon Presentation may include:

- signs of mental illness / addictions
- subjective experience from the perspective of the common client.
- techniques to officers for addressing mental health and addictions issues, especially with people in crisis. This may include verbal de-escalation techniques, suicide intervention response, and methods of motivating an individual to seek treatment.
- available services/resources/protocols in the community, including this protocol
- Q & A

CMHA/SCAS training for platoon leads may include:

- Tour of office
- Brief review of intake, available services (ie. crisis)
- Understanding experience of mental illness, addictions – common signs and the subjective experience (consumer speakers?)
- approaches to people in distress
- Common situations / Extreme situations
- Suggested responses, for example - taking meds? Off? Point out consequence – maybe if you took your meds or saw your worker, this wouldn't be happening.
- Perhaps – condensed suicide training
- Stages of change & approaches to motivate to seek help
- Q & A