



CANADIAN MENTAL
HEALTH ASSOCIATION
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POUR LA SANTÉ MENTALE

FINAL REPORT OF THE PHASE II ACTION PLAN OF
THE MENTAL HEALTH AND POLICE PROJECT
(MHAPP)
VANCOUVER SITE

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EXECUTIVE SUMMARY

1. Phase II of the CMHA Mental Health and Police Project commenced in January of 2007 and terminated at the end of May 2007. The Blue and Grey Committee, as it was called, met six times during this period. As all of the participants were extremely busy, the times for the meetings had to be established at the first session, and even then many committee members found that they could not attend all of the meetings, as other duties called them away. Represented on the Blue and Grey Committee were senior staff from B.C. Ambulance Service (BCAS), Canadian Mental Health (CMHA), E-Comm, Vancouver Police Department (VPD), Vancouver Coastal Health Mental Health Services (VCH), Vancouver General Hospital (VGH), Providence Health Care (St. Paul's), and a Consumer Representative (See Appendix I for the list of Blue and Grey participants).
2. At the initial meeting the participants were given the task of working on 14 Short Term and 6 Longer Term Goals. By the termination of Phase II, 5 of the 14 Short Term Goals had been achieved while 2 were eliminated. Of the remaining seven, 5 are still in progress and 2 have definite target dates. With the Longer Term Goals, 1 was achieved, 4 were eliminated, and the remaining one is still in progress (See Tables of Short and Longer Term Goals on Pages 5 to 9).
3. The progress made on the Short Term Goal (#6), **“Hospitals, VPD, and BCAS develop workable interface protocols for the transfer of custody of MI persons transported for psychiatric assessment under the Mental Health Act”**, undoubtedly, is the most promising of all. Both VGH and St. Paul's will have Patient Flow Committees where the emergency mental health concerns of the B & G Committee can be raised, and, as some of our members are already on those committees, very likely other non hospital members from our committee, will be invited to participate in their discussions. In addition, there is also a Regional Committee looking at Patient Flow issues in hospital emergency departments, and Lorna Howes and Pam Miller from our Committee are members.
4. The Blue and Grey Committee also established benchmarks in order to track the progress of the remaining outstanding goals. (See Pages 10 & 11). These benchmarks will be useful for not only tracking the progress of our goals, but will enhance the work of the two Patient Flow Committees at VGH and St. Paul's.
5. Phase III of this committee will provide the opportunity to review, evaluate, and further the progress of our multi-agency committee.
6. The efforts of VGH and St. Paul's Patient Flow Committees, combined with input from our Blue and Grey Committee, can bring about a coordinated and comprehensive emergency response system to deal effectively with seriously mentally ill persons in Vancouver who are transported to hospital against their will by police and ambulance for assessment under the provisions of the Mental Health Act.

SHORT AND LONGER TERM GOALS

At the initial meeting participants were given the task of working on 14 Short Term and 6 Longer Term Goals. The goals, their progress, the results and responsibilities of Committee Members are listed in the following tables.

SHORT TERM GOALS

Of the fourteen, five were achieved, seven are in progress, and two were eliminated.

Goal	Progress	Description of Result	Responsibility
<p>1. That VPD include in initial field training of new patrol officers an explanation of the mental health system and an orientation to mental health resources and forensics.</p>	<p>Achieved (Will be implemented in the fall of 2007.)</p>	<p>1. VPD and MHES are working together to incorporate mental health information (from MHES) as well as addictions information (from the Health and Justice Project) into the current week long orientation course for new VPD patrol officers.</p> <p>2. VPD and MHES will also review and revise existing content of the 4 day VPD CIT training course. After filling VPD positions, this course will be open to other disciplines for cross training purposes.</p>	<p>Scott Thompson (VPD) Sheila Scotton (MHES)</p>
<p>2. That VPD provide patrol officers with an update to mental health resources every quarter</p>	<p>Achieved (Will also be implemented in the fall of 2007)</p>	<p>Connected to goal #1, which when in place, will result in regular updates on the VPD's E-Parade.</p>	<p>Scott Thompson (VPD) Sheila Scotton (MHES)</p>
<p>3. That VPD partner with CMHA to provide local neighbourhood policing centres with mental health training to volunteers.</p>	<p>Considerable interest expressed by Supt. Heed of VPD. Target Date: Uncertain</p>	<p>Problem of getting all the volunteers together at one time. CMHA's MIFA course may be used. Jonathan and Scott to discuss when an appropriate opportunity arises.</p>	<p>Scott Thompson (VPD) Jonathan Oldman (CMHA)</p>
<p>4. That E-Comm develop with the VPD a defined policy on how to deal with calls involving mental health issues.</p>	<p>Quite a bit of progress had been made. No definite target date, but should be within a few months.</p>	<p>An E-Comm trainer has elicited relevant information from Sheila Scotton's training sessions which will be incorporated into Comm training. Scott Thompson will provide E-Comm with questions their staff should ask when they receive calls regarding warrants.</p>	<p>Scott Thompson (VPD) Sheila Scotton (MHES) Darcy Wilson (E-Comm)</p>

SHORT TERM GOALS (CONT'D...)

Goal	Progress	Description of Result	Responsibility
<p>5. That the EDs of VGH and St. Paul's be contacted to ascertain what training their staff receive on MH issues and whether there needs to be some updating or supplementation.</p>	<p>Limited progress. Target Date: Uncertain</p>	<p>Both EDs maintain they have adequate MH training already. We may make more headway with this goal in Phase III, especially if reps from VGH and St. Paul's join our Committee.</p>	<p>Dianne Woodhouse (VGH) Pam Miller (St. Paul's)</p>
<p>6. Hospitals, VPD, and BCAS develop workable interface protocols for transfer of custody of MI persons transported for psychiatric assessment under the Mental Health Act.</p>	<p>Considerable progress. Target Date: Uncertain</p>	<p>Both VGH and St. Paul's have established "Patient Flow Committees" which will include MI patients. Lorna Howes, Dianne Woodhouse, and Pam Miller will be on those committees, and will hopefully be able to involve other members from our Committee at a later date.</p>	<p>Lorna Howes (VCH) Dianne Woodhouse (VGH) Pam Miller (St. Paul's)</p>
<p>7. Development of a 'Consumer Information Card' for voluntary use by consumers that provides personal information which the person may be unable to communicate with police.</p>	<p>In progress (agreed in principle) Target Date: Uncertain</p>	<p>To be a project of CMHA for implementation.</p>	<p>Jonathan Oldman (CMHA)</p>
<p>8. Review protocols for notification of relevant agencies upon committal to and / or release from hospital. Protocol should especially include community mental health treatment and housing agencies.</p>	<p>Achieved</p>	<p>After some research it was found that the protocols already exist. Sometimes, however, they are not followed through on.</p>	<p>Hospitals & VPD</p>
<p>9. Development of an information listserv or e-mail group to discuss innovations, issues, etc.</p>	<p>Eliminated</p>	<p>It was decided that it would be too difficult to determine the composition of such a group.</p>	

SHORT TERM GOALS (CONT'D...)

Goal	Progress	Description of Result	Responsibility
10. Encourage E-Comm to become a participating member of the ongoing liaison group in the development of protocols, etc.	Achieved	E-Comm became a member of the B & G Committee.	Darcy Wilson (E-Comm)
11. E-Comm to develop a formal complaint process to respond to issues related to call-taking and dispatch.	Eliminated	After E-Comm joined the Committee it was found that they have a very good procedure for dealing with complaints.	Darcy Wilson (E-Comm)
12. Develop a mental health information resource, with a structured plan for semi-annual updates.	Achieved	CMHA has an electronic version of their MH Resources Guide that is available on line to all persons, agencies, and services. It is updated on a semi-annual basis.	Jonathan Oldman (CMHA)
13. The VPD and designated hospitals develop a protocol for procedures related to the execution of Director's Warrants	In progress (agreed in principle) Target Date: Dec 2007	All that's left to do is to complete the Missing Person's section and coordinate the information flow back to the hospitals	Scott Thompson (VPD) Sheila Scotton (MHES)
14. Develop a fact sheet / information session, etc. to inform E-Comm operators and VPD patrol officers of the protocol, procedures and authority for execution of Director's Warrants.	In progress (Depends on Goal 13) Target Date: Dec 2007	Scott is close to sending a memo to E-Comm regarding procedures to use when their staff receive calls regarding warrants.	Scott Thompson (VPD) Darcy Wilson (E-Comm)

LONGER TERM GOALS

Of the six, one was achieved, one is in progress, albeit slow, and four were eliminated.

Goal	Progress	Description of Result	Responsibility
<p>1. That increased training in mental health be made mandatory for all ambulance paramedics</p>	<p>Slow Progress. Target Date: A number of years in the future.</p>	<p>BCAS has limited funds for educational purposes. They are, however, sending chiefs from their Richard's St. and DTES stations for a weeklong CIT training in September 2007. Their plan is that when all chiefs have been trained in CIT, then their Clinical Education Dept. will provide a condensed 2-day online or a 1 day seminar CIT course. CMHA's MIFA course may also be considered.</p>	<p>Bill Penhallurick (BCAS) Jonathan Oldman (CMHA)</p>
<p>2. That at least one paramedic on duty per shift per unit be a "trained mental health responder" who will be first choice for response where mental illness may be a factor in a dispatch call.</p>	<p>Eliminated</p>	<p>Given that BCAS works on the principal of whoever is closest gets the call, this particular goal was not supported by BCAS as achievable at this time.</p>	
<p>3. That the VPD, Richmond RCMP, and Delta Police make a joint presentation/negotiation with E-Comm requiring that the training of call-takers and dispatchers include a mental health communications module on how to best communicate with persons in mental health crises, questions to ask etc., in order to be able to provide the most accurate information possible to the responding unit.</p>	<p>Eliminated</p>	<p>Committee members decided that this goal was a regional concern beyond the scope of the B & G Committee. It was also noted that E-Comm was already considering further training for staff.</p>	
<p>4. (a) Create a primer/fact sheet/workshop on legal rights under the Mental Health Act, the role of police, and best ways to interact with police during a mental health crisis. The workshop presentation should include a police officer and a person who has had interactions with police during a crisis.</p>	<p>Eliminated</p>	<p>(a) The Committee decided not to proceed with this goal because of the anticipated financial costs and the difficulty in determining the target audience. In addition the potential target groups have their own trainers providing mental health information.</p>	

LONGER TERM GOALS (CONT'D...)

Goal	Progress	Description of Result	Responsibility
<p>4. (b) Translate and present primer/fact sheet workshop in other major languages, with appropriate changes to reflect unique characteristics of other cultures in respect of mental health issues.</p>		<p>(b) Dependant on (a).</p>	
<p>5. (a) Creation of educational materials regarding mental illness and symptoms, communication with a person in mental health crises, Mental Health Act, roles of police, etc.</p> <p>(b) Materials should also be created in different languages determined by ethnic population.</p>	<p>Eliminated</p>	<p>(a) Same reasons as in 4 (a).</p> <p>(b) Same as in 4 (b)</p>	
<p>6. Agencies such as VCH, VPD, Vancouver BCAS, and hospitals negotiate an information sharing protocol which best protects the privacy interests of persons with mental illness while enabling these agencies to share information for the benefit of all parties involved in a mental health crisis (including the person in crisis)</p>	<p>Achieved (but not by the B & G Committee)</p>	<p>FOIPPA allows information to be provided on a need-to-know basis for the benefit of all parties intervening in situations involving persons with an apparent mental disorder.</p> <p>The matter now is an education issue being taught by all the relevant services involved in MH emergencies.</p>	<p>All agencies</p>

An important work in progress is the VGH and St. Paul's Patient Flow Committees where the emergency mental health concerns of the B & G Committee can be raised. It is hoped that some of our members will be invited to participate in their discussions. In addition, there is also a Regional Committee looking at Patient Flow on issues in hospital emergency departments on which Lorna Howes and Pam Miller from our Committee are members.

BENCHMARKS

In addition to the Short and Longer Term Goals, the Committee established benchmarks in order to begin the process of tracking the level of demand, and the effectiveness of services represented on the B & G Committee. The following is the list of those benchmarks:

Benchmark	Measurement Issues	Baseline (If Exists)	Lead Responsibility
	<ul style="list-style-type: none"> ➤ <i>Parameters / Indicators</i> ➤ <i>Measurement Issues</i> ➤ <i>Frequency</i> 		<ul style="list-style-type: none"> ➤ <i>Institution</i> ➤ <i>Individual</i>
Acuity & Prior Involvement in the MH System			
1. # of MI calls by Car 87 including follow up from police reports. % involving clients who have <u>not</u> received treatment previously.	Car 87 will begin to collect this data.	Baseline will be established.	Sheila Scotton (MHES)
Levels of Force & Restraint			
2. # of MH cases where VPD officers were required to use the “force options” of Taser, Arwen, and Bean Bag.	VPD to track. Means an “extra box” for MH. Difficult sometimes to categorize a MH event and as a result, the data will be under reported but, nonetheless, still useful.	Baseline will be established.	Scott Thompson (VPD)
Complaints & Satisfaction			
3. Level of satisfaction on part of emergency professionals (e.g. police, community mental health, ED staff, paramedics, etc.)	Annual survey to VPD, BCAS, MHES, CMH, and ED staff to start in Phase III. One page survey. Questions such as "How do you see the system working"? "Pressure points"? "Wait times"? "Cooperation/coordination among services"? "Do you feel you are serving MH clients better than a year ago? etc."	Baseline will be established.	Jonathan Oldman (CMHA) to coordinate.

Benchmark	Measurement Issues ➤ <i>Parameters / Indicators</i> ➤ <i>Measurement Issues</i> ➤ <i>Frequency</i>	Baseline (If Exists)	Lead Responsibility ➤ <i>Institution</i> ➤ <i>Individual</i>
4. Level of satisfaction of MH Team service users of emergency system.	MHES to keep track of and every six months to send a survey to MH case managers at Teams to ask clients who experienced the service.	Baseline will be started.	Sheila Scotton (MHES)
Hospital Wait Times			
5. # of hours police and paramedics spend in ER associated with MI cases	MHES and VPD to track. BCAS, unfortunately, will not be able to track this information. We may, however, be able to obtain this information from hospital data.	Baseline will be established.	Sheila Scotton (MHES) Scott Thompson (VPD) Bill Penhallurick (BCAS)
Training			
6. % of police and paramedics having received specialized training in MH / MI issues	VPD to track the # of officers that take the CIT course. BCAS has a limited budget for education and can only send chiefs of unit stations for training. (See Long Term Goal #2)	Baseline will be established.	Scott Thompson (VPD) Bill Penhallurick (BCAS)
General Statistical Data			
7. Annual # of MI cases processed through EDs of VGH and St. Paul's.	This information is readily accessible. (There may be more hospital data that could be used for benchmarks as well, but the Committee needs to be specific about the information it requires.	Baseline already exists.	Dianne Woodhouse (VGH) Pam Miller (St Paul's)

PHASE III

Much has been accomplished in Phase II of this Project. Benchmarks have been put in place. Many goals have been achieved and many more have not only been better clarified but have made significant progress. In this writer's opinion, the Committee had a much better sense of the direction it was going in at the end of Phase II than it did at the beginning. One of the major challenges for a number of members was that they had neither the mandate nor the authority to implement the goals targeted for their particular system. The mental health education goals involving nurses and security staff in the EDs of VGH and St. Paul's, for instance, were difficult to make progress on, as we did not have any senior representatives from those areas on our committee. As already indicated, however, Phase III looks more promising and may lessen this challenge considerably. One of the major strengths of the Blue and Grey Committee is that it brought together many of the senior players involved in mental health emergency response in Vancouver. Through our discussions and the partnerships formed from working on the goals, members have obtained a much better understanding and appreciation of what the other services are doing and the difficulties they encounter.*

*As an illustration of this process, at our final meeting a substitute BCAS member commented "I'm quite impressed that you people are actually talking about these matters".

Phase III of the Mental Health and Police Project will commence in September 2007. It will consist of four Blue and Grey Committee meetings spread out over a ten-month period. The goals of the Committee will be:

- Collate and share first year's performance data (as agreed in Phase II). Set benchmarks for ongoing measurement as required.
- Review the ongoing implementation of Phase II recommendations, agreeing on changes and amendments as required.
- Continue the ongoing sharing of information, and the identification of further coordinated action that could be taken to address relevant issues.

The Committee will seek to add additional members from the EDs of VGH and St. Paul's, and a senior member from Paladin Security. It also hopes additional members from our Committee will attend the Patient Flow meetings at both VGH and St. Paul's.

CONCLUSION

The seriously mentally ill are the only group of patients who come to hospitals against their will. Many of difficulties they encounter have been well researched in such publications as “A Study in Blue and Grey” published in 2003. Studies agree that emergency services for mental health and addiction patients should be separate from regular hospital emergency departments. Until this happens, however, we must make the current system operate as effectively as possible. The efforts of the Blue & Grey Committee can help bring about a more coordinated emergency response system to deal with seriously mentally ill persons who are transported to hospital against their will by the police and ambulance for assessment under the provisions of the Mental Health Act.

**L. Ralph Buckley, M.S.W.
Project Facilitator
CMHA Blue & Grey Committee**

June 2007

APPENDIX I – BLUE AND GREY COMMITTEE PARTICIPANTS

Ralph Buckley, M.S.W.

Project Facilitator

Brent Haines

VPD, Acting Sgt, Car 87/88

Lorna Howes

VCH, Director of Mental Health Services, Vancouver Acute and Community

Pamela Miller

St. Paul's Hospital, Director of Mental Health/HIV/Addiction Services, Providence Health Care

Blair Milligan

Consumer Representative

Jonathan Oldman

CMHA, Executive Director, Vancouver-Burnaby Branch

Sri Pendakur

VCH, Professional Practice Lead, Adult Mental Health Services, Vancouver Community

Bill Penhallurick

BCAS, District Superintendent, Vancouver

Rick Ruppenthal

District Superintendent, B.C. Ambulance Service, Vancouver

Sheila Scotton

VCH, Senior Mental Health Worker, Mental Health Emergency Services

Scott Thompson

VPD, Inspector, Youth Services, Drug Policy Coordinator

Darcy Wilson

E-Comm (911), Operations Manager

Dianne Woodhouse

VGH, Patient Services Manager for PAU, BIU, and Sexual Medicine

APPENDIX II – Results of CMHA Phase II Evaluation Survey

The following is a copy of the phase II Evaluation Survey. It was sent out to 10 of the Committee members, After two requests, we received back four replies, which are summarized in the copy below:

1. The phase II project had several goals. How successful do you think we were in achieving them:

1	2	3	4	5
<i>not at all</i>	<i>limited success</i>	<i>partial success</i>	<i>significant success</i>	<i>complete success</i>

Developing (reasonable, measurable) system performance benchmarks to evaluate on an ongoing basis the level, manner, and experience of individuals with mental illness who have contact with the police and other emergency services.

Results: 4,3,3,2.

Creating project plans (with timelines, resource requirements, and impact evaluation criteria) for the implementation within 12 months of a number of the short and longer-term local recommendations from the Vancouver MHAPP task group report.

Results: 4,4,3,2.

Development of an action plan post-May 2007 for the continuation of the committee's work.

Results: 5,4,3,3.

Furthering dialogue and relationship building between the various stakeholders in the mental health emergency service system.

Results: 4,4,4,4.

2. Was there any one goal or area that stood out for you as a particular success or failure? If so, why?

- | |
|---|
| <ul style="list-style-type: none"> • Simply the ability to get these key players around the table to discuss these issues and begin to strategize more pragmatic assessments and interventions. • Not really, many of the issues are long-term. The timelines kept projects on track however, some of these timelines were difficult to maintain given competing workload in other areas of responsibility. • Relationship building between multi-agencies with identified singular focus. • The process was better than phase I and the meetings were run with some commitment to outcomes. The short term goals were dealt with and showed success. |
|---|

3. Were there areas or goals in Phase II that you would have liked to have seen done differently? If “yes”, please explain.

- Not really, the actual number or frequency of meetings to check on progress was an issue in that it took away time that could have been devoted to acting on the initiatives.
- I would like to see more accountability, if that is the right word, to this committee with VGH and their process for dealing with certified hospital AWOLS. I do not feel that this was successfully addressed in this Phase despite the efforts of the hospital rep. That being said, I'm not sure how that would be accomplished.
- We need the Emergency Department to be there to really deal with the issues at hand. I am assuming this will be on-going work.
- No reply.

4. Do you have any suggestions or goals you would like to see happen in Phase III?

- Less frequent meetings would be more effective while also keeping us on track.
- Same chair. In terms of goals, I think that the ongoing review and accountability for Phase II actions is essential. The accountability may be formalized documentation re: Expectations, procedures, etc.
- Follow up on the action items from Phase II. We need to keep the committee going because we have just started to address the system issues.
- No reply.

5. Do you have any suggestions or advice on any aspect of the B & G Committee, the format, its direction, its purpose, the minutes, the length of the meetings, the goals, etc., that you would like to pass on?

- As noted, the length of the meetings was appropriate.
- I felt this Phase II was successful, forward-moving and clarified concrete expectations towards Phase III. The purpose remains clear to me and I feel that it is essential to maintain this committee as a means of keeping the stakeholders accountable with their stated roles. I do feel it would be far too easy for this follow-up to fall apart with this being chaired. The effectiveness of this Phase is directly connected to the experience of Ralph Buckley as chair, as his community and inter-agency experience was the essential driver towards this success.
- No reply.
- No reply.