

City of New Westminster: Community-Led Mobile Crisis Team

Presentation to Council

Concept and Community Design Process

Presented by: Jonny Morris, CEO

Date: 18 October 2021



Agenda

- Acknowledgment of Unceded and Ancestral Indigenous Territories
- Description of Concept and Partnerships
- Process for Community Design
- Questions

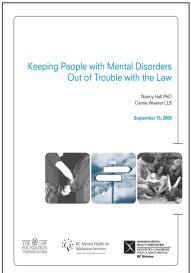


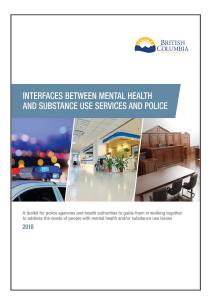
Canadian Mental Health Association

CMHA is an established national charitable organization that has been in BC since 1952. In BC, CMHA has a Division office and 14 local branches that serve over 100 communities.

BC Division has a 20 year+ history of systems-level advocacy focused on mental health, policing and the broader justice system.









Defining Crisis

Safety Risks:

- Criminal activity
- Threat of violence to self or others

Health Risks:

- Suicide attempt Psychosis
- Overdose
- Major physical injuries or comorbid conditions

Crisis Drivers:

- Shelter / housing issues
- Food security
- Family conflict
- Alcohol / Substances
- Depression / Anxiety
- Loss
- Minor physical injuries

Police Health Community



The Issue: Mental Health Crisis Response



In BC, police officers are the frontline responders to mental health crises.

Due to legislation and a lack of voluntary health and social services, people experiencing a crisis are transported by police to only one of two options. Neither is well-equipped to address the complex issues that lead to the crisis.

Criminal Justice System



Emergency Department





A Solution: BC crisis response continuum

Mental Health Liaison
Officers respond to an individual in crisis, facilitate outreach assessments and manage risk.

Car 87 / 88 / 67 pair a mental health nurse with a police officer in plain clothes to respond to mental health emergencies

Ambulance (unlikely if crisis event may necessitate involuntary mental health treatment.)

Police

RCMP or municipal police officers

Co-Response

IMCRT is comprised of plainclothes police officers and child and youth healthcare providers who deliver services to individuals and families across the lifespan.

Civilian-Led

Mobile Crisis
Team staffed by
peer and mental
health specialists



A Solution: BC post-crisis care options

Police	Co-Response		Civilian-Led	
Mental	Assertive Outreach	Assertive	Community	Mobile Crisis
Health	Team (AOT) pairs a	Community	Outreach and	Teams staffed by
Liaison	MHSU service	Treatment (ACT) are	Assertive Services	peer and mental
Officers	provider with an	mobile units that	Team (COAST)	health specialists
monitor case	officer in a police car	partner MHSU	combines social	provide support
managed	to provide outreach	services in local health	workers, nurses,	and connection to
individuals	services. Program	authorities with	psychiatrists,	a range of
and support	focuses on short	community partners,	community support and	services such as
review panel	term stabilization and	including police.	peer support to assist	housing,
and extended	risk mitigation,	Teams provide	people in moving	treatment,
leave	compared to the	rehabilitation,	towards recovery and	benefits,
processes.	long-term planning	healthcare	facilitate independence.	employment, etc
	and intervention of	assessment and		
	ACT teams.	treatment on an		
		ongoing basis.		



The Concept: Peer Assisted Care Team



The Peer Assisted Care Team (PACT) is an alternative or auxiliary service to police response to crisis calls related to mental health.

Key Components:

- Pairs a mental health professional with a trained peer crisis responder.
- Expands the range of mental health supports to City of New Westminster residents, co-designed with populations at higher risk of experiencing distress that may lead to police contact.
- Intends to keeps people living with mental illness and substance use and their families connected to their communities and voluntary mental health services.

1

CONVENE a Systems Planning Table comprised of New Westminster Police Department, City of New Westminster, Fraser Health, local Indigenous leaders, and other partners to address systems integration issues such as 911 dispatch, intake assessment, triage, information sharing and referral between services.

2

ENGAGE key stakeholders to determine their requirements and considerations for a civilian-led mobile crisis team. The list of stakeholders will aim to include frontline responders, community service providers, urban Indigenous communities, and people with lived and living experience and their families.

3

CONVENE a **Community Design Table** comprised of community agencies and people with lived and living experience of mental illness, substance use and interactions with police to determine operational requirements for the program.



4

CO-DEVELOP a model for a civilian-led mobile crisis response team to the City of New Westminster based on the input from the Systems / Community Planning Tables and the findings from the stakeholder engagement.

5

PROCURE community agency to operate the service through a Request for Proposal (RFP) process. The Community Planning Tables will nominate a subcommittee to review the proposals and make recommendations on the final decision (subject to provincial funding).



Questions

Jonny Morris,
Chief Executive Officer
ceobc@cmha.bc.ca

Amelia Moretti,
Policy Director
amelia.moretti@cmha.bc.ca