



Alternative
Response to
Citizens in
Crisis

Pilot Project Year-end Review



Shared health
Soins communs
Manitoba

FOREWORD

CHIEF OF POLICE

Danny Smyth

Police agencies across the country are facing similar challenges with the growing volume of non-criminal crisis calls for police service. We are no different here in Winnipeg. As I mentioned in our 2021 Statistical Report, the Winnipeg Police Service experienced a 9% increase in the number of Check Wellbeing incidents, making it the most dispatched event for the second year in a row. This is a concerning trend, which is not surprising given the social conditions associated to mental health and addictions experienced by so many in our community.

Finding different ways to align and deliver effective service to meet this growing demand is critical to the health of our community. Partnering a clinician and a police officer provides the combined skills to navigate volatile situations safely without burdening the Emergency Departments of our hospitals. You need not look far to see most, if not all, police agencies across Canada have enhanced their crisis response capability in one way or another. While models differ across jurisdictions, each include some combination of police working with mental health professionals, government, and non-government social agencies, to bring safe and immediate mental health support to a person, at their place of need.

The creation of the Alternative Response to Citizens in Crisis (ARCC) pilot project is a demonstration of how police service in Winnipeg has evolved to meet this public expectation.

The ARCC pilot project has proven to be effective at providing safe, on-scene trauma-informed crisis intervention service. The pilot accomplished this through collaboration with the client and their existing social supports, to ensure appropriate care needs were identified and that they were connected to appropriate community supports.

Working together, with our entire community, is key to successfully providing the crisis services our citizens need, want, and expect. The partnership between the WPS and Shared Health created for this pilot is a strong demonstration how collaboration can lead to the successful achievement of shared goals.

I want to thank Shared Health and all involved for their commitment to this project, their willingness to partner with the police service, and helping to make ARCC a reality.

COO SHARED HEALTH | MENTAL HEALTH & ADDICTIONS

Ben Fry

When the Improving Access and Coordination of Mental Health and Addiction Services Report (colloquially known as the VIRGO Report) was published in 2018, a strong emphasis was placed on aligning services, reducing isolated silos of care providers, and improving access for individuals attempting to obtain mental health and addictions treatment. The ARCC Project is an example of how different service providers can bring our work in alignment with the identified priorities of the VIRGO report, as well as with other expert plans such as the Clinical and Preventative Services Plan.

Individuals in crisis have a diminished ability to see good paths out of their circumstances. In the midst of challenging situations having expert help available is a crucial component of not just recovering, but recovering well. Meeting clients where they are at with a responsive mobile service like ARCC, where police and clinicians jointly share a role in supporting clients in crisis situations, helps to reduce unnecessary hospital emergency department presentations. Most importantly, these services ensure that relevant mental health crisis intervention is provided quickly when and where individuals need it.

ARCC represents a significant leap forward in collaborative service provision, moving us towards a future in which integrated, person-centered services are the norm. The measurable successes of the ARCC Project, as outlined in this report, are a testament not only to the hard work of the project team, but to the vast potential of collaborative work between Health and Police Services.

On behalf of Shared Health, I want to extend my gratitude to our partners in the Winnipeg Police Service for their initiative and ongoing support in making this project a resounding success, and express my hope for many more years of collaboration to come.

Experiencing a mental health crisis is a reality faced by most people at one time or another, and they may often be driven by unmet social determinants of health¹. Successfully dealing with mental health crisis requires capacity to overcome barriers to available resources, such as financial, and social supports. Those with the least access often struggle to navigate these barriers and at times rely on emergency services such as Police, Fire/ Paramedic, and hospital emergency departments.

Non-urgent, non-criminal dispatched calls for police service continue to rise in Winnipeg as does the demand to respond to community needs with alternative mental health and addiction crisis support. In 2021, threats of suicide peaked at their highest in five years at 5,838² with Check Wellbeing reaching 20,704³ in 2021, a 9% increase over the previous year making it the highest citizen-generated call for service, two years in a row⁴. In response to these increasing demands, the Winnipeg Police Service (WPS) and Shared Health's Crisis Response Centre (CRC) formed a partnership to launch a one-year pilot project

entitled Alternative Response to Citizens in Crisis (ARCC). This pilot project paired a police officer with a mental health clinician to bring mental health services into community to provide safe, on-scene access to mental health interventions.

Throughout 2022 (pilot period), ARCC deployed 272 times out of 446 available shifts, concluding with an operating capacity of 61%. During these deployments, ARCC engaged in 882 police events with 530 unique clients.

Prospective ARCC clients, those who consume emergency services at a high rate, often have a convergence of conditions which trigger their crisis and require intervention to properly support, specifically **acute crisis, impaired judgement, and/or instability of basic needs**. Those requiring police intervention for safety reasons or due to challenges in accessing proper support(s), often exist at the intersection of these conditions.

1. [Canadian definition of social determinants of health](#)

2. Per WPS ODS stats

3. WPS 2021 Statistical Report

4. *ibid*



ARCC provided both a reactive (immediate response to dispatched police calls for service) and proactive (coordinated case managed follow-up) response to those in need. During the pilot period approximately 70% of ARCC time was spent in reactive mode while approximately 30% was dedicated to proactive work.

The reactive response successfully brought mental health services into community, to the person in need. The proactive response was successful in bringing the right support resources to the table, with the right information, creating the means to influence police response 24/7, even when ARCC teams and/or supporting agencies were not available.

During project development⁵ ARCC leadership engaged community through a participatory process. Key areas of this process included community identification, communication, consultation, collaboration and feedback. Representatives from 55 different agencies had opportunity to engage in discussion with the project development team through a series of presentations/discussions. Messaging included ARCC's mandate—to work with the client and their existing support network and not to proactively seek clients with a view of becoming their primary support. From these meetings community/agency representatives provided valuable offerings to the development regarding additional training opportunities and ways ARCC could reduce trauma for its clients such as working in plain clothes, using an unmarked police vehicle to reduce a negative stigma associated to mental health, having traditional medicines available on request, and ensuring support options for affected family members were available. These offerings were all accepted and incorporated into ARCC's operating procedures.

The proactive work to support three Level 5 (L5) clients (a person with severe or complex need(s) requiring highly specialized, intensive services, crisis response, along with centralized coordinated access to support) was monitored closely during the pilot. The strategies developed to address the high needs of these three clients shaped ARCC's proactive response throughout the pilot period.

ARCC engagement influenced changes in behaviour of these clients. This was accomplished by collaborating with agencies already in the person's social support network, identifying additional agencies to include in

882 Engagements

18%

Referrals to other services

82%

ARCC intervention

35

My Safe Plans were developed

Connected with **530** Unique Individuals

61%

Operating capacity throughout 2022

91%

Clients remained in community

the person's ongoing support, developing co-created response plans with detailed directions of each agency's roles and responsibilities, and ensuring consistent support was provided across each system (Justice, Health, Social). Through this collaborative approach, clients who had frequently used emergency services for support now found more appropriate support options in the community to meet their needs.

Combined, the three L5 clients supported during the pilot period had a **21% reduction in dispatched police calls for service** and **49% reduction in hospital emergency department (ED) presentations with police for a mental health assessment**.

During project development the WPS and Shared Health created six (6) goals for the pilot to demonstrate efficacy and address the public need to ensure proper support and care was provided to those in crisis, while reducing dependency on emergency services (police, fire/paramedic, and ED).





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“I found it to be very helpful. I found the people amazing. I’ve had, my moods have definitely changed over and I’ve really wanted people to know that if you ever are in distress, always contact ARCC and always make sure to make the right decision in life, because these are the people who are going to guide you to make a better future for yourselves.”

~ ARCC Client

“Before I had ARCC in my life I was constantly in crisis. I was constantly self-harming or trying to end my life by overdosing or that kind of stuff. And then when ARCC came into my life things kind of changed. I started getting better, getting more healthy coping mechanisms... When ARCC came into the picture things changed for the better. I’m not self-harming as much, I’m not trying to take my life, I reach out when I never used to reach out... they’re just a really good impact on my life.”

~ ARCC Client

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211 Manitoba®

1155
Callers

Chose to be transferred to the 211 MB Call Centre

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“I’m a person who has been involved with depression and suicidal thoughts...I have decreased my thoughts of suicidal ideation because of ARCC and because I’ve gotten the right resources from ARCC. Those resources are now good for other people to use. Instead of calling 911, they have ARCC there to not just to listen but to help out, and not just to help out, but to be a part of your family, a difference in your life. And that’s what I’ve noticed in my life that since ARCC has been here. I’ve had lower interactions with 911 and non-emergency. I’ve had the right help from ARCC. I might not be in the good spaces at times, but I hope people know... that ARCC is definitely needed. Without ARCC we wouldn’t have what we are today. We would have a lot more... cases of people not coming forward and I hope [people] understand that you know, we’re a little city, we need to stick together.”

~ ARCC client

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These goals, listed below, include their corresponding result(s).

1. Reduce mental health presentations with police to hospital emergency departments for a mental health assessment by 10% over previous year. **Goal achieved: (29%).**
2. Reduce dispatched calls for police service by 10%, per person, case managed during pilot period. **Goal partially achieved:**
 - A **10% or greater reduction observed among 52% (12/23) of clients** case managed during the pilot period. This number rose to **74% (17/23)** when considering the compounding effects of case management seen from Q3 to Q4
 - **1155 callers chose to deselect from the non-emergency police line** and be transferred to 211 Manitoba
3. Reduce number of persons transported to health care facility voluntarily or involuntarily by 10% over previous year. **Goal achieved: (15%).**
4. Enhance participant experience with the option of receiving crisis response in community. **Goal achieved.**
 - **91% of clients** ARCC engaged as primary reactive unit on a dispatched call for police service **remained in community**
 - The ARCC team made **35 in person** follow up visits and **265 phone** follow up calls.
5. Improve the access to mental health and substance use treatment for individuals experiencing crisis within the community by providing direct links and referrals. **Goal achieved.**
 - ARCC connected with **530 Individuals during 882 engagements**. Of these engagements:
 - **18% resulted in recorded linkages/referrals** to other relevant services
 - **82% of visits were able to be resolved** using ARCC intervention alone
 - **35 My Safe Plans were completed** with clients
 - **23 proactive systems plans** with clients
6. Create collaborative partnerships with other community organizations to meet the needs of individuals related to social determinants of health. **Goal achieved.**
 - ARCC collaborated with **18 different government and community agencies** during the pilot period
 - Through anonymized surveys, **89% of respondents rated ARCC teams as exceeding or greatly exceeding expectations of ARCC’s awareness of services available to clients**
 - **90% rated ARCC teams as exceeding or greatly exceeding expectations in the category of professionalism**
 - **96% indicated they would work with ARCC again**
 - **96% indicated ARCC should continue or expand**
 - Community engagement by ARCC leadership was well received and must continue as the program evolves
 - ARCC has demonstrated its efficacy with partners, collaborators and clients

SAVINGS



930 hours freed **Cost avoidance**

(39 days)



\$312,693

By taking fewer people to hospital, GP officers had more time to respond to other emergency calls for service.

VISITS

An ARCC response is

92%

less costly than an
ED visit with police



18 Agencies

Collaboration with different
government and community agencies

23 Plans

System plans collaboratively
developed with clients of the program

From a WPS investment in Mental Health Clinician resources of \$134,277, the pilot project generated a **system cost avoidance of \$312,693 (133% ROI)** for the Justice and Health systems and an **increase in police capacity of 930 hours (39 days)** for General Patrol (GP) officers to respond to other emergency calls for service.

Qualitatively, agency representatives who encountered ARCC acknowledge the value ARCC provided for mental health crisis in community and commented on the need to keep the program operational and expand its shift coverage.

Attempts to quantify client satisfaction through survey did not materialize with any statistical value, however, two clients provided a personal interview, stating they believe if not for ARCC they would be deceased. This is precisely the impact ARCC was intended to have, and for clients to recognize this life-saving impact is a powerful reminder of why ARCC was created.

The client-focused and trauma-informed approach provided by ARCC and its collaborating agencies led to the success of the pilot project. This resulted in more appropriate support to persons experiencing a mental health crisis who had previously relied on emergency services for their support.

There is no one single activity, procedure or organization that made the pilot successful. It was the firm commitment by all members of the ARCC team, the WPS, Shared Health and the multiple government and community agencies working together to ensure the needs of the client were always at the forefront of decision-making.

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“Working with an officer provides a shield for my safety. I wouldn't go to some of these calls in community if I didn't have an officer with me. It isn't safe. They prevent people from escalating. There are so many people that I wouldn't normally get to see because they don't call the CRC. If they are delusional and believe a crime is occurring, they call the police. Working with an officer, I can see what the person is struggling with. That allows me to provide better care”.

~ARCC Clinician

“Officers are generally limited in what they can do to help a person in crisis. There really aren't many options. Having a clinician on scene gives us [police] an expert with access to medical information, and the entire health system, to tailor a response specific to that person's need. This has been a very rewarding experience”.

~ARCC Officer

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RESULTS OF SURVEY

89%

Exceeded expectations of awareness of services

90%

Exceeded expectations

96%

Would collaborate again

96

State ARCC should be continued or expanded

“I have never felt so much support and partnership with the Winnipeg Police Service or ARCC team. Over the last year having the ARCC team involved with our mutual clientele has exceeded my expectations. It allowed me to be able to expand my advocacy and support for this individual with continued support from the ARCC team in a wraparound and multi-systemic approach, this has also allowed us to involve the ARCC team in planning for the individual’s wellbeing.”

~ Collaborating agency representative



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