



Inner City Police And Crisis Team

“IC-PACT”

Downtown Division

“A Qualitative Policing Program”

- The Edmonton Police Service, in collaboration with Alberta Health Services, provides assistance and support to vulnerable people by connecting them with resources and instilling hope.
 - This is accomplished by addressing immediate needs first to create a relationship and develop trust with the at-risk individual, not by focusing on enforcement and/or displacement of the person.

What is IC-PACT?

- A constable
 - Provided by the Edmonton Police Service in a dedicated capacity to the role.
- A mental health therapist and registered nurse (RN)
 - Provided by Alberta Health Services in a dedicated capacity to the role.
- A registered social worker (RSW)
 - Provided by Alberta Health Services in a supporting role.

IC-PACT's purpose?

- To coordinate a multiagency response for the needs of people who are at a high risk of harm based on negative lifestyle factors and/or personal history.
- This includes, but is not limited to:
 - Homelessness
 - Substance addiction and abuse
 - Mental health and/or developmental challenges

IC-PACT's Strategies

- Deal with immediate needs of the vulnerable person.
- Build trust and create relationships within the community and in client care.
- Connect people to services that can provide the necessary supports needed to enhance quality of life.
- Follow up with clients to ensure needs continue to be met; lapses can be deadly.

IC-PACT's External Partners

- Any outreach and intervention agency that deals with Edmonton's vulnerable population.
- This tends to be inner city agencies, such as:
 - Boyle Street Coop
 - Hope Mission and Herb Jamieson
 - George Spady Centre
 - Bissell Centre
 - And many more...
- Ultimately, referrals will be taken from any source when feasible.

IC-PACT's Value

- Reduced incidences of harm for vulnerable persons, particularly repeat “customers.”
- Reduced call load for front line response officers (patrol) due to stabilization of care.
- Long term 360° client service and guidance.
- Reduction of “slipped through the cracks” service provision failings.
- Unrestricted information sharing between partners and, by default, involved agencies.

IC-PACT's Challenges

- Workload
 - Two teams are currently in operation on alternating schedules in order to provide the broadest coverage with the resources available.
 - There were 933 Mental Health complaints in 2014 for Downtown Division exclusively and 3141 city-wide).
 - Downtown Division members manage ~30% of total mental health complaints year to year.

IC-PACT's Challenges

- Capacity
 - In April to September of 2014, IC-PACT completed 310 interventions during the course of their duties.
 - In the same time period, IC-PACT took 230 referrals from law enforcement agencies, community resources, and crisis services.
 - A single client in acute need could require several hours; this could be the entirety of a shift as well as additional overtime hours to properly ensure care and treatment are received.

IC-PACT's Challenges

- Lack of Centralization
 - *No “wellness” center or single-stop client services.*
 - *Client care is stymied by process and lack of 24/7 outreach.*
- Wait Times
 - *Examples of hospital wait times exceeding entire shifts are unfortunately a norm, not an exception.*
 - *Thousands of “working” hours are lost to being placed on “stand by,” both for IC-PACT and response/patrol police officers.*

IC-PACT's Challenges

- Cost
 - The time spent by members guarding detainees in hospitals from August 2nd to November 2nd in 2013 was 1438.25 hours (the equivalent of 130.75 shifts).
 - The cost incurred to police for this type of duty was \$1,095 (per day) for a total of \$100,678 in the same period.
 - These costs directly affect potential allocation of future front line deployments, as they draw upon the same funding.

IC-PACT's Challenges

- Service Provision Gaps
 - Lack of adequate housing, whether interim, transitional or permanent-supportive.
 - Lack of detox availability.
 - Barriers to information sharing between non-affiliated agencies.
 - Poor case planning and overall vision for those in greatest need.
 - Inadequate funding.

Case Studies

- “Brandon”
 - Self-discharged from Ponoka Hospital.
 - Was placed in a taxi at a Camrose shelter and sent to the Herb Jamieson in Edmonton due to “sexual aggressiveness.”
 - Behaviors escalated once in Edmonton. Subject defecated and urinated himself, then would attempt to masturbate to the point of injury.
 - IC-PACT members responded, took custody of the subject and transported him to the University of Alberta for treatment.

Case Studies

- “Brandon”
 - A nine hour wait followed, in which IC-PACT maintained custody of the subject. This included feeding and cleaning Brandon, as well as attempting to manage his behaviours until such time as he could be admitted.
 - All told, the team’s shift totalled 19.5 hours, the latter half of which was spent entirely on Brandon’s care while awaiting treatment and keeping him from further public masturbation and soiling himself.

Case Studies

- “Bob”
 - Homeless for nine years, with heavily entrenched addictions compounded by mental health issues.
 - IC-PACT became involved with Bob in November 2013
 - IC-PACT secured treatment and housing; however, unresolved criminal matters threatened to derail the outreach process.
 - 31 emergency room visits in 2013 versus 5 in 2014.

Case Studies

- “Bob”
 - IC-PACT advocated on Bob’s behalf during legal proceedings to have his concurrent disorders treated as part of bail release conditions.
 - Housing arrangements initially stalled due to treatment process, but an alternative housing solution was found by team members. He has been housed since October 2014.
 - Long term monitoring required to ensure treatments and housing do not lapse.
 - 92 police encounters in 2013 versus 38 in 2014.¹⁶

IC-PACT's Future

- Enhanced “Fast Tracking”
 - Reducing hospital wait times results in more effective resource deployment.
- Peace Officers for Continuation of Custody
 - AHS contracted peace officers would be preferable to police officers taken out of service and placed on hospital standby while awaiting client treatment.
- Additional “In the Field” Mental Health
 - Community Urgent Services and Stabilization Team (CUSST) that **do not** require police integration.

IC-PACT's Future

- Expanded Deployment & Seven Day Coverage
 - Currently limited to complementary work schedules, but limited coverage still a factor.
- Additional Teams
 - An ICPACT squad (multiple teams under a dedicated supervisor) is not an unrealistic outcome given the growth of the vulnerable population in the city of Edmonton.



Thank You. Questions?

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