Safe Beds: Caring in the Short Term for People in Crisis

Amy S. Herskowitz, SolGen

Shereen Rampersad, Services and Housing in the Province

Tammy Linekar, Stephanie Trudel, Dr. David Marsh, Jubilee Centre

Maureen Acuña-Harrison, CMHA Brant Haldimand Norfolk

The Short Stay Crisis Support Program

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Short Stay Crisis Support (SSCS) Program Overview

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- SSCS has 8 beds at each of 2 locations, with 1 generic bed at each location available for individuals who meet the program criteria, but who are not involved with the criminal justice system
- Mississauga location also has 6 Police Exclusive Beds, which we received funding for in 2019
- Partnership with Peel Addiction and Referral Centre (PAARC)
- Expansion included a PAARC Addiction Specialist, which is involved in many of the core programming activities
  - Addiction Specialist is an integrated member of the Safe Beds Program

Locations

Brampton (North location) 60 West Dr. Brampton:

- Program is located within the William G. Davis Centre for Families on the 2nd floor
- Other service providers within the building, including Safe Centre of Peel, Catholic Family Services, CMHA Peel and PAARC, which are accessible to SSCS clients

Mississauga (South location) 177E Dundas St. W. Mississauga:

- Program is located in the Millbrook apartment building on the 1st floor with some units on the 2nd floor

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Referrals

Contact the Intake & Community Liaison using these contact details:

Intake & Community Liaison
Available Monday – Friday 9 am – 4 pm
Call at 416-553-1288
Fax at 1-855-221-2120

Program Staff – Mississauga
Call at 905-279-9294
Fax at 905-279-1825

Program Staff – Brampton
Call at 905-460-0107
Fax at 905-460-0938

Short Stay Crisis Support Program

REFERRAL FORM

REFERRAL SOURCE		
Date:	Name:	
Title & Agency:	Contact:	
For hospital use only: Police apprehension ☐ Y ☐ N		

CLIENT DEMOGRAPHICS		
First Name:	Last Name:	Gender: ☐ M ☐ F ☐ Other
DOB (dd/mm/yy): / /	Health Card:	Contact:
Emergency Contact:	Phone:	Relationship:
Address:		Aboriginal ☐ Y ☐ N
Preferred Location: ☐ Brampton ☐ Mississauga ☐ Either		Source of Income:
Language: ☐ English ☐ French ☐ Other:		Highest Level of Education:
Marital Status: ☐ Married/Common Law ☐ Never Married ☐ Divorced ☐ Separated ☐ Widowed		

MENTAL HEALTH	
Details of Current Mental Health Crisis *(what is the crisis; how is it escalating the client's mental health symptoms?)*:	
Mental Health Diagnosis (or suspected diagnosis):	
Insight: ☐ Poor ☐ Fair ☐ Good	Is the client currently on a CTO? ☐ Y ☐ N
Triggers:	

Current Symptoms: *(please check all that apply)*

☐ Hallucinations/delusions/paranoia ☐ Anxiety/panic/agitation ☐ Anti-social/oppositional personality traits ☐ Cognitive impairment	☐ Disorganized thoughts ☐ Depressive symptoms ☐ Anger/irritability ☐ Obsessive/compulsive behaviours	☐ PTSD symptoms ☐ Bizarre/erratic behaviours ☐ Manic/hypomanic symptoms ☐ Other:

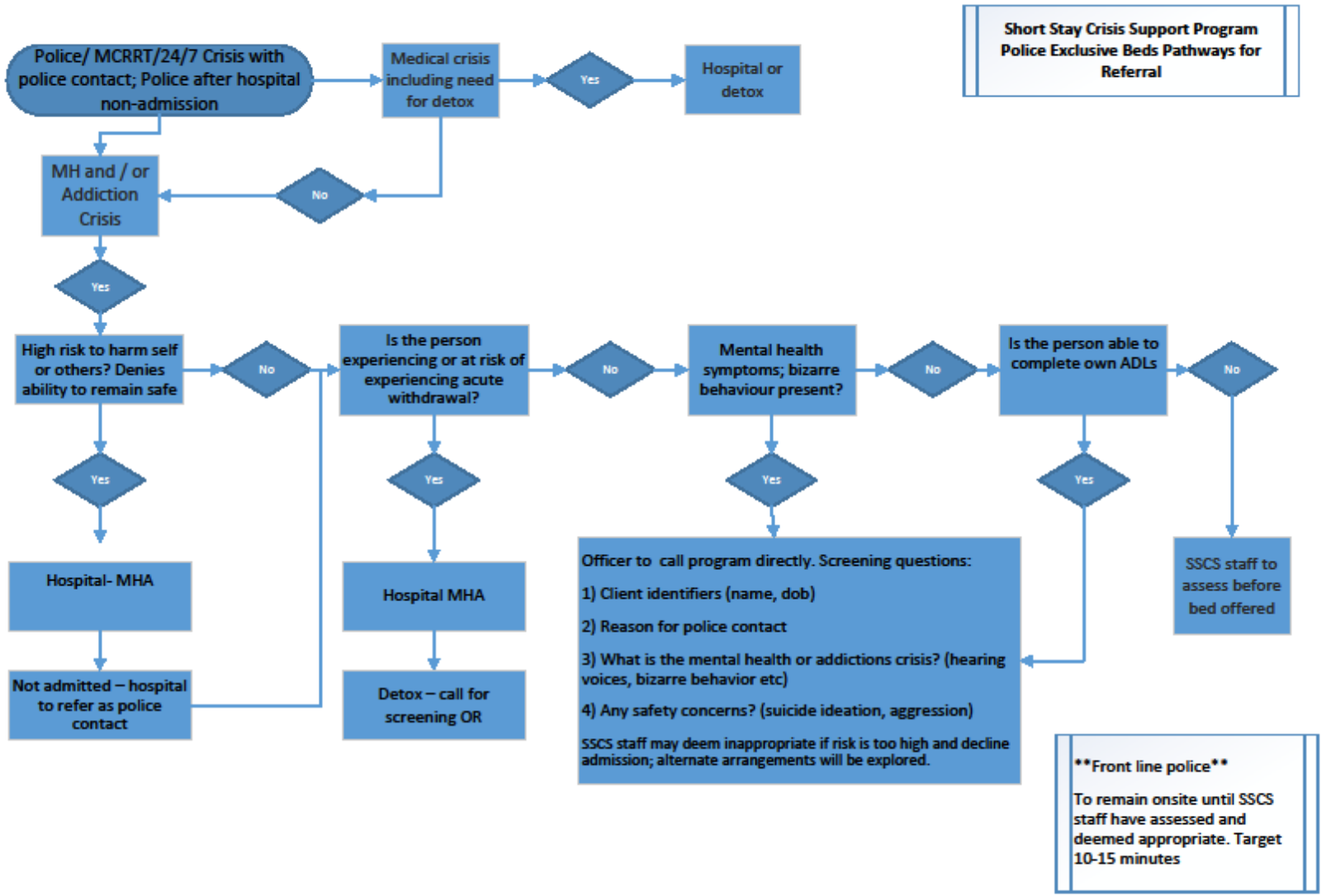
Presenting Issues: *(please check all that apply)*

☐ Serious mental health symptoms ☐ Medical/physical health concern ☐ Suicidal ideations/recent attempt ☐ Substance use/addiction	☐ Finances ☐ Legal ☐ Abuse/trauma ☐ Housing	☐ Relationship problems ☐ Lack of supports ☐ Inability to cope with stressors ☐ Other:

SAFETY AND RISK FACTORS		
Is the client currently having suicidal thoughts?	☐ Y ☐ N	Details:
Has the client ever made a suicide attempt?	☐ Y ☐ N	Details:
Is the client currently engaging in self-harm?	☐ Y ☐ N	Details:
Has the client ever engaged in self-harm?	☐ Y ☐ N	Details:
Has the client ever threatened or caused harm to others or damage to property (***including fire setting***)?	☐ Y ☐ N	Details:

CURRENT SUPPORTS & CIRCLE OF CARE	
Family Doctor:	Psychiatrist:
Primary Worker:	Pharmacy:
OW/ODSP Worker/Trustee:	Other:
Scheduled Appointments:	
Referrals or Applications completed:	

JUSTICE BED PATHWAYS



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Quick Reference Card

SHIP Safe Bed
Quick Reference Access Card

Person in crisis needs a safe, supportive place to stay
Not requiring hospital or custody.

Call SHIP for bed availability
Weekdays 9AM - 4PM: Tel: 416-553-1288 (call or text)
After 4pm/weekends: Tel: 905-279-9294

Safe Beds is a short (14 days) supportive stay for mental health and/or addiction crisis. Voluntary, 24/7 supports. Not shelter.

Officer must call before offering bed.

Screening questions:

1) Client identifiers (name, dob)
2) Reason for police contact
3) What is the Mental Health & Addiction crisis?
4) Safety concerns (risk to self / others)?

****Bring prescribed medication if possible ****

Eligibility:

- Mental health / substance use crisis (no formal diagnosis required)
- Immediate contact with law
- brought by police directly
- brought by mobile crisis
- brought to hospital by police on a Mental Health Act apprehensions but not deemed appropriate for an admission, and are then referred by the hospital or brought by police
- must be able to be safely supported

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RN Evaluation Project

- Program secured one-time funding in 2020 to pilot having a Registered Nurse on-site

- The role intends to speak to the identified health and wellness issues that clients within the program have faced throughout the years

- Funding included an evaluation component
  - Third party researchers were hired to assist with the research and evaluation, which is ongoing

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Evaluation Methodology

- Mixed methods evaluation focusing on client impacts, staff impacts, and system impacts of presence of a nursing position as part of the Short Stay Program
- Confidential surveys of current clients (n=10)
- Confidential interviews with program staff (n=8)
- Internal program data

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Timeline and Barriers

- Currently at mid-point
- Start: July 2021
- Project end date: March 2022
- COVID-19 and 4th wave have limited # of clients and possible respondents
- The evaluation team has lengthened the data gathering phase in response

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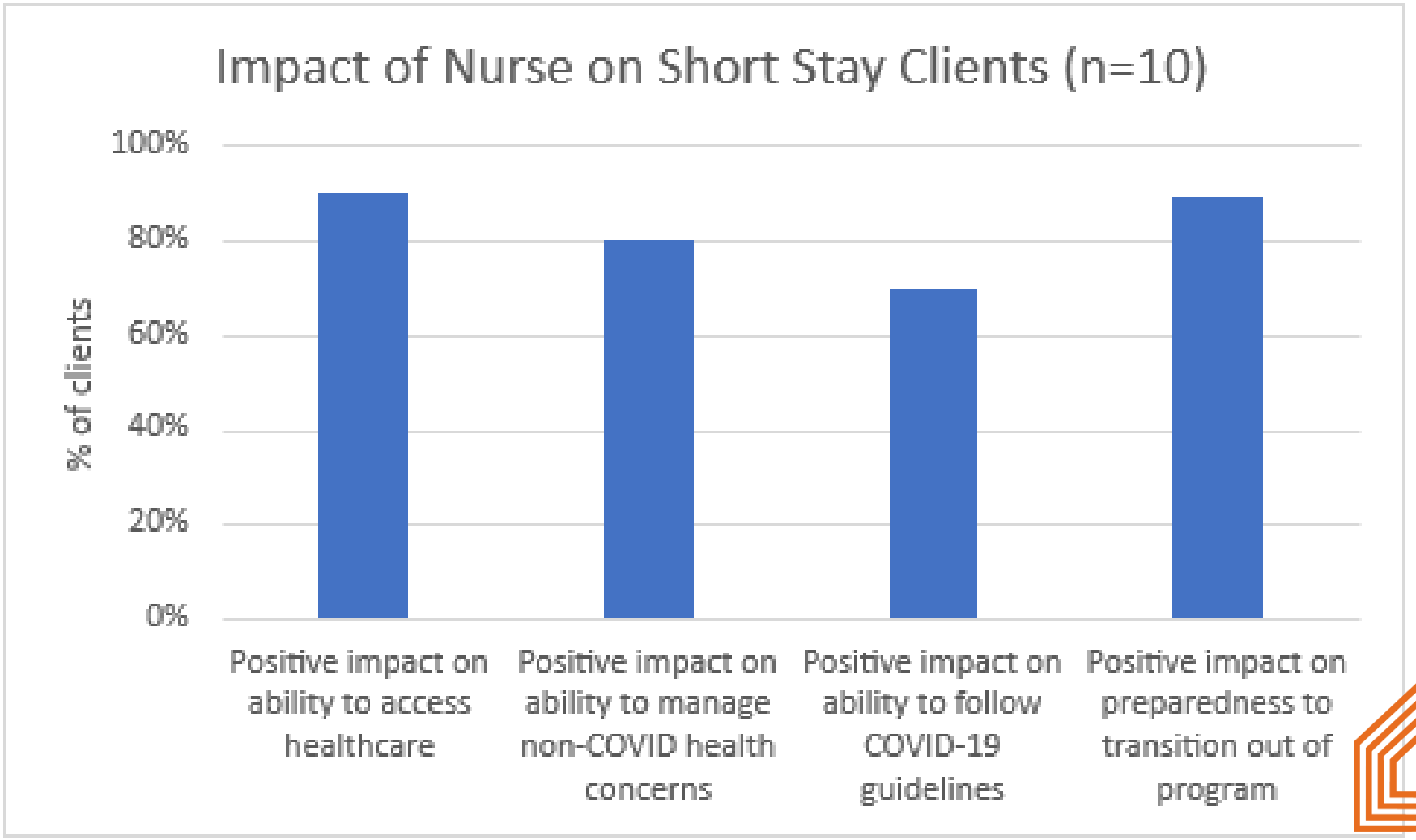
Findings – Client Impacts



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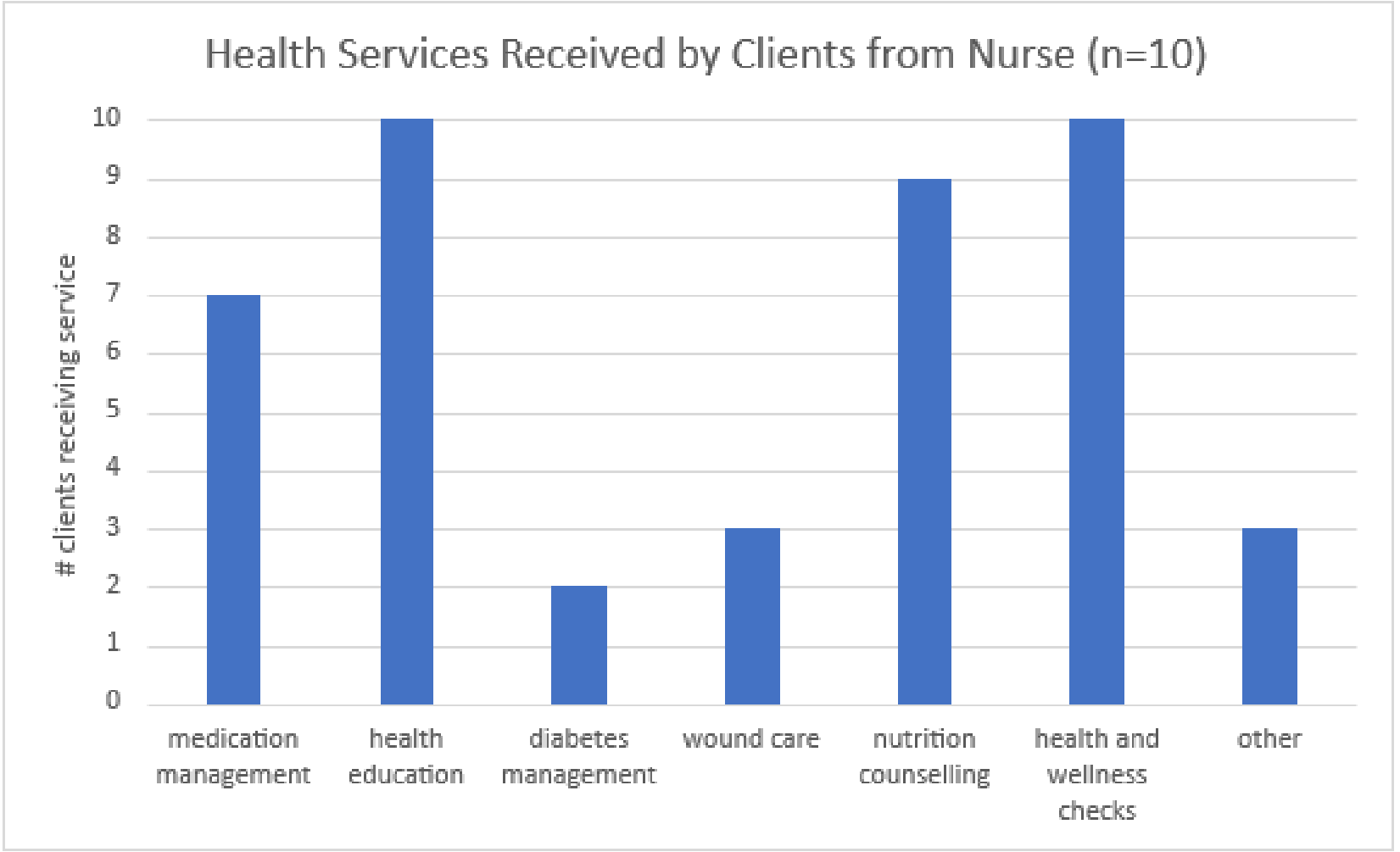
Findings – Client Impacts



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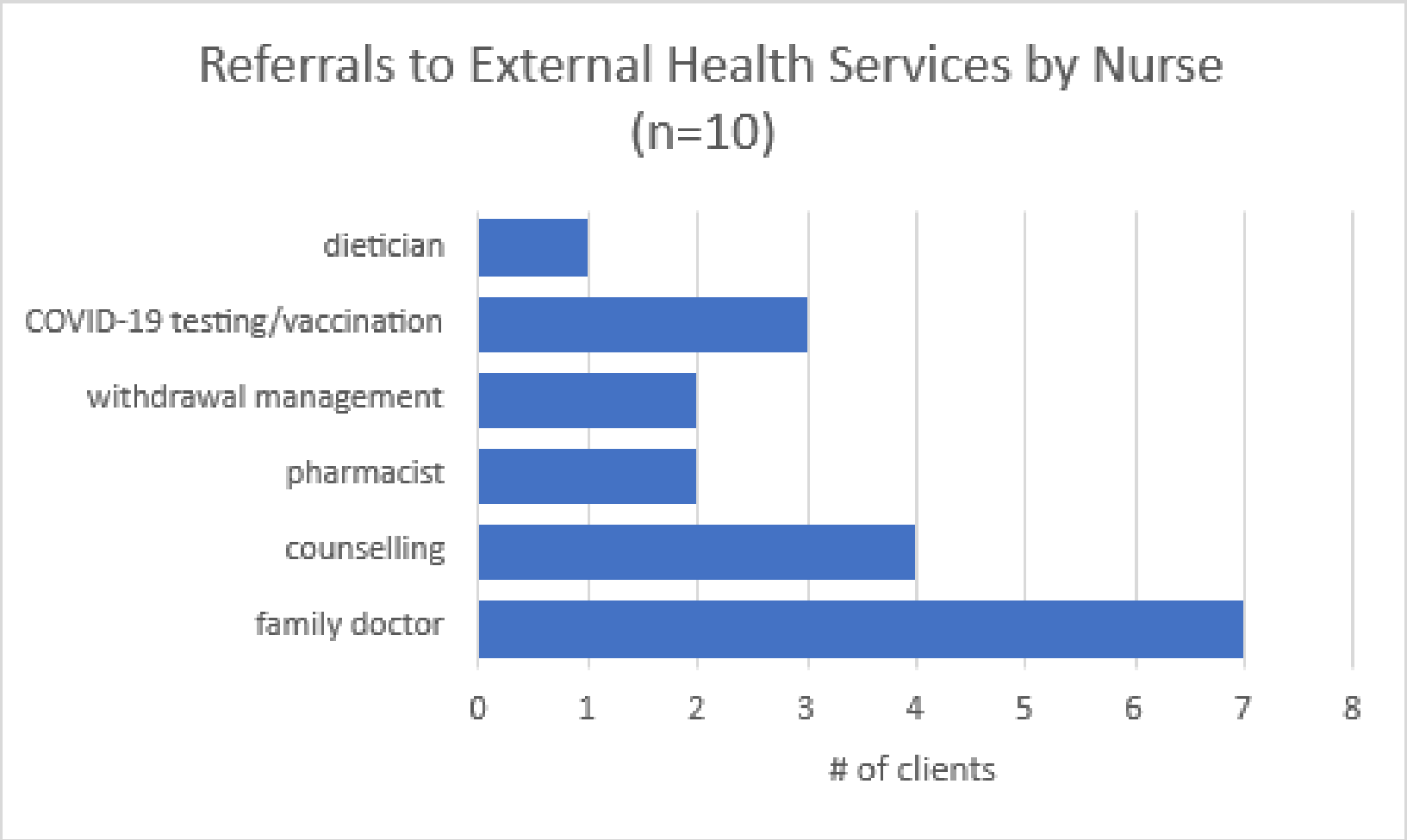
Findings – Client Impacts



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Findings – Client Impacts – Staff Reports

- *The nurse is instrumental with clients and their medication and having them feel secure and comfortable with their medication. [Clients] build confidence when they're here in taking [their medications].*

- *[Upon transition out of the program] the nurse does ensure that [medications are] in place when they leave us; I think that helps to make smoother transitions out into the community. Even if clients are transitioning to the shelter system. We also have that bridge for their meds and all of those things to the shelter system.*

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Findings – Client Impacts – Client Reports

- *I remember the first day, you know, he saw me and the condition...I required some mental health [care], and he had seen a lot. Because of him I got the prescription and connected to [a mental health clinic].*
- *I am so grateful for the help he is giving me and making me feel safe.*
- *I do think a nurse should be a part of the program because they definitely help beyond the counselling here, just in terms of what dietary needs you need to boost your mood.*

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Findings – Staff Impacts – Staff Reports

- *When I feel a client is fully in crisis…we would have to send them to the hospital. But a lot of times, they're not in [as acute] crisis as we thought and it could have been managed on-site. [The nurse] has been really helpful with doing that assessment on-site.*
- *I was one hundred percent confident when I was going to do my job [saying to myself], "Okay, there is a nurse. If I need any help with medication, he will help us." And he educated us, you know.*

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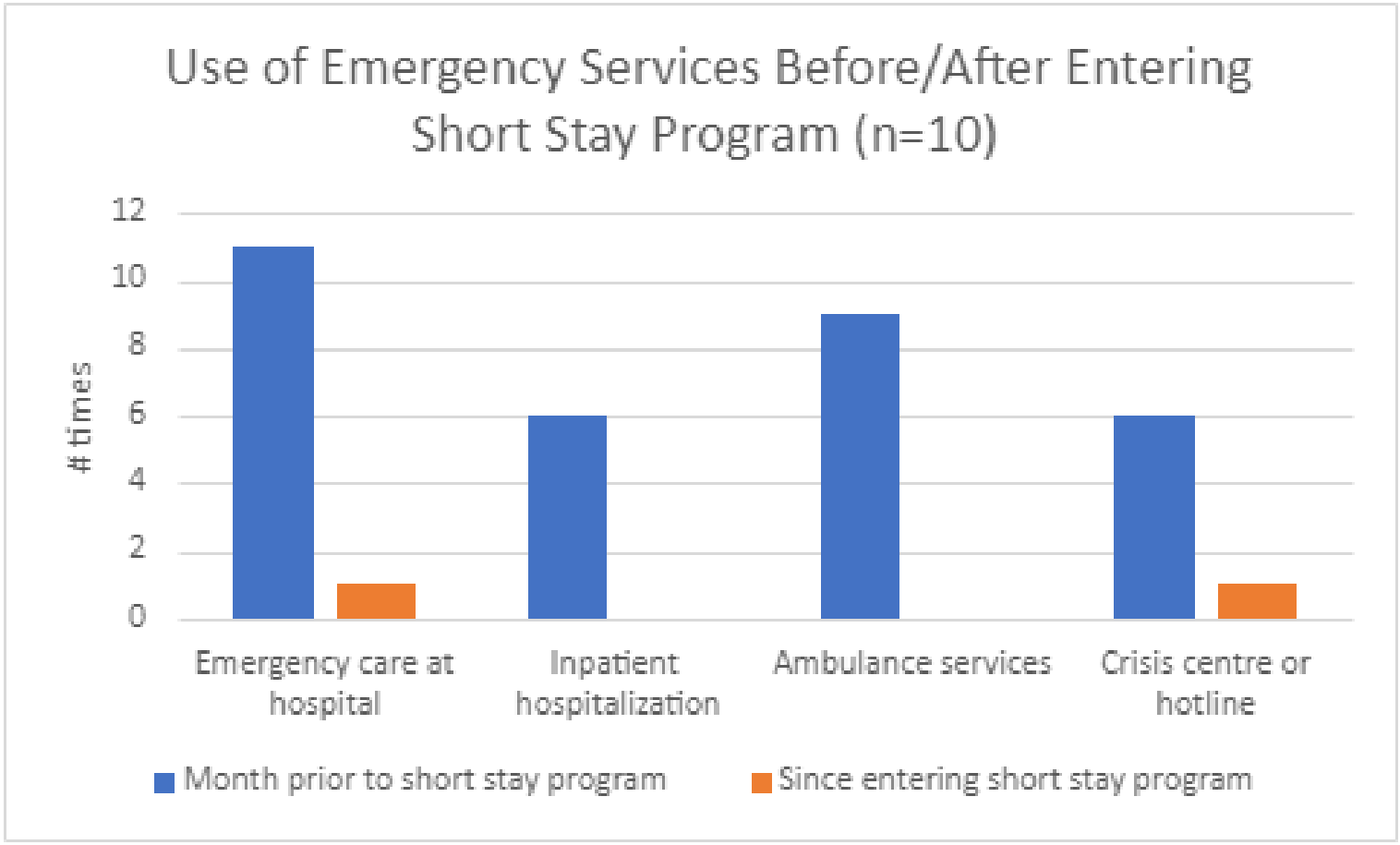
Findings – System Impacts



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Findings – System Impacts – Staff Reports

- *I think it's also been beneficial when we've had crises...say we have to call 911 and the paramedics come, [the nurse] is…able to just kind of jump in and provide assistance.*
- *[During a crisis] we didn't call EMS because we had a nurse who was helping us. So we…minimized hospitalization also.*
- *Crisis management is impossible without [the] nurse. I'm wondering how people are working and doing it, I mean, crisis, mental health crisis management program without [a] nurse, without social workers...?*
- *We need 24/7 crisis management and [a] nurse. The nurse is big for us, for me it was so big.*

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Final Thoughts

- Preliminary analysis demonstrates the nurse is making an impact at the client, staff and system levels
  - Clients feel safe
  - Staff feel able to focus on their area(s) of expertise
  - Clients' use of expensive emergency services is reduced
  - Clients are well-connected to services when exiting program

- Second half of evaluation will be completed by March 2022
- Full report will be produced
- Report will be shared for co-learning among practitioners

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Questions?

shereen.rampersad@shipshey.ca

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CENTRE JUBILEE CENTRE

RESIDENTIAL CRISIS BEDS – SAFE BED.

SAFE BED – CRISIS UNIT

LOCATED IN TIMMINS, ONTARIO. WE CURRENTLY MANAGE FIVE FUNDED DUAL PURPOSE RESIDENTIAL CRISIS BEDS. FOUR FLEX BEDS ALONG WITH ONE JUSTICE BED.

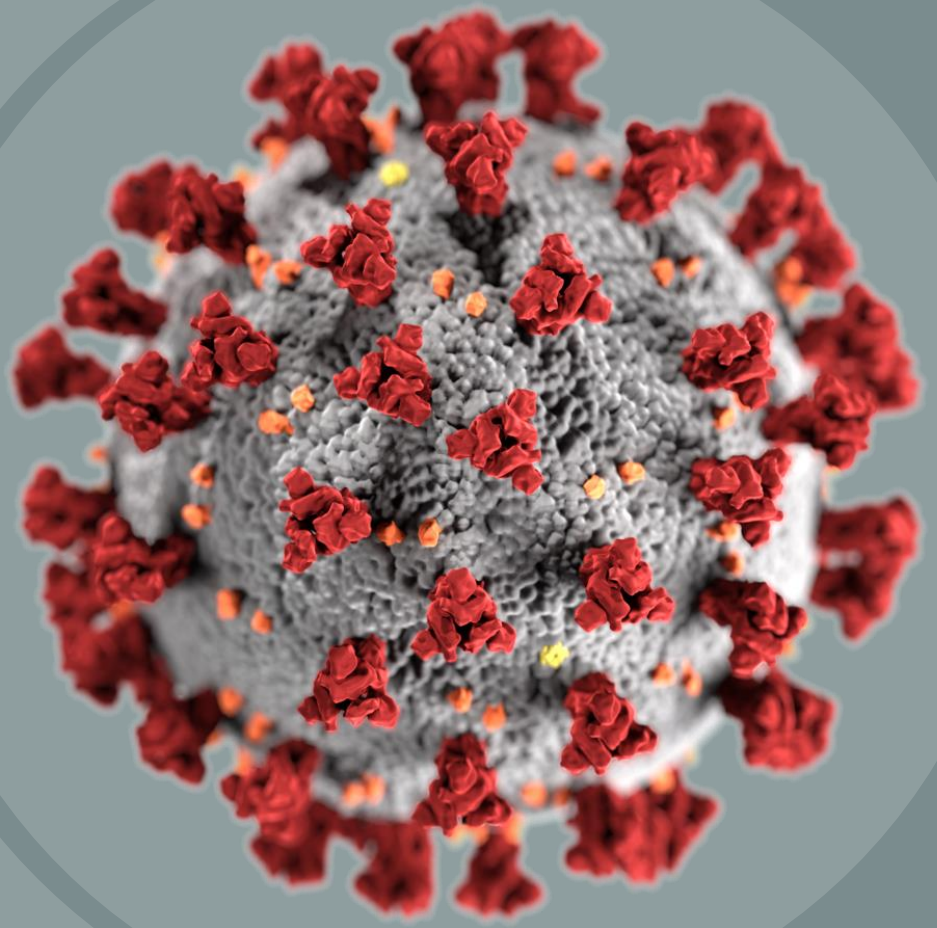
WHAT DOES SAFE BED OFFER?

- Temporary housing and related support services
- Counselling services
- Care and support including early recovery education
- Safe therapeutic environment
- Discharge planning
- Referrals
- Advocacy
- Primary care
- Addiction medicine
- Stabilization of acute mental health crisis
- Staff trained in Indigenous Healing and Trauma Informed Seeking Safety.

INTEGRATED CARE AND PATHWAYS.

The Jubilee Centre has well established referral pathways with partner organizations such as:

- Timmins and District Hospital
- Timmins Police Service / MCRRT
- CMHA
- South Cochrane Addiction Services
- CAMH – Telepsychiatry
- Cochrane District Detox Centre
- RAAM Clinic
- Jubilee's Residential Treatment Program
- Etc.



COVID-19 PANDEMIC

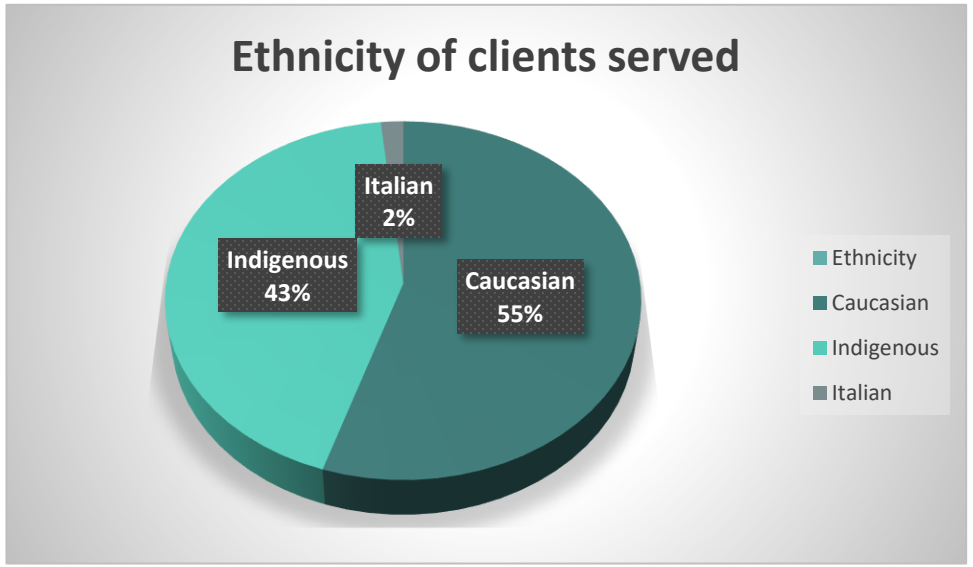
DURING THE PANDEMIC, WE HAD NO OTHER CHOICE BUT TO TEMPORARILY CLOSE OUR SAFE BEDS.

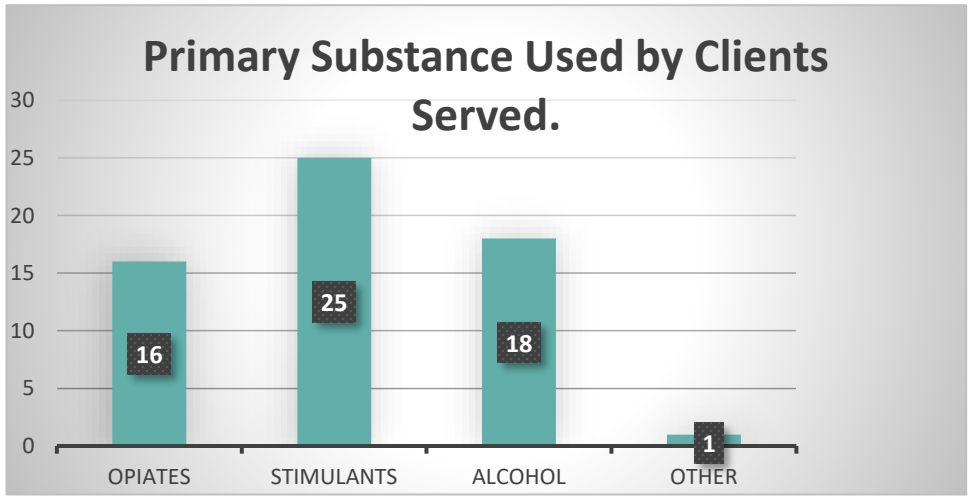
WE PURCHASED PPE AND CREATED A PANDEMIC PLAN PRIOR TO REOPENING WITH LIMITED CAPACITY.

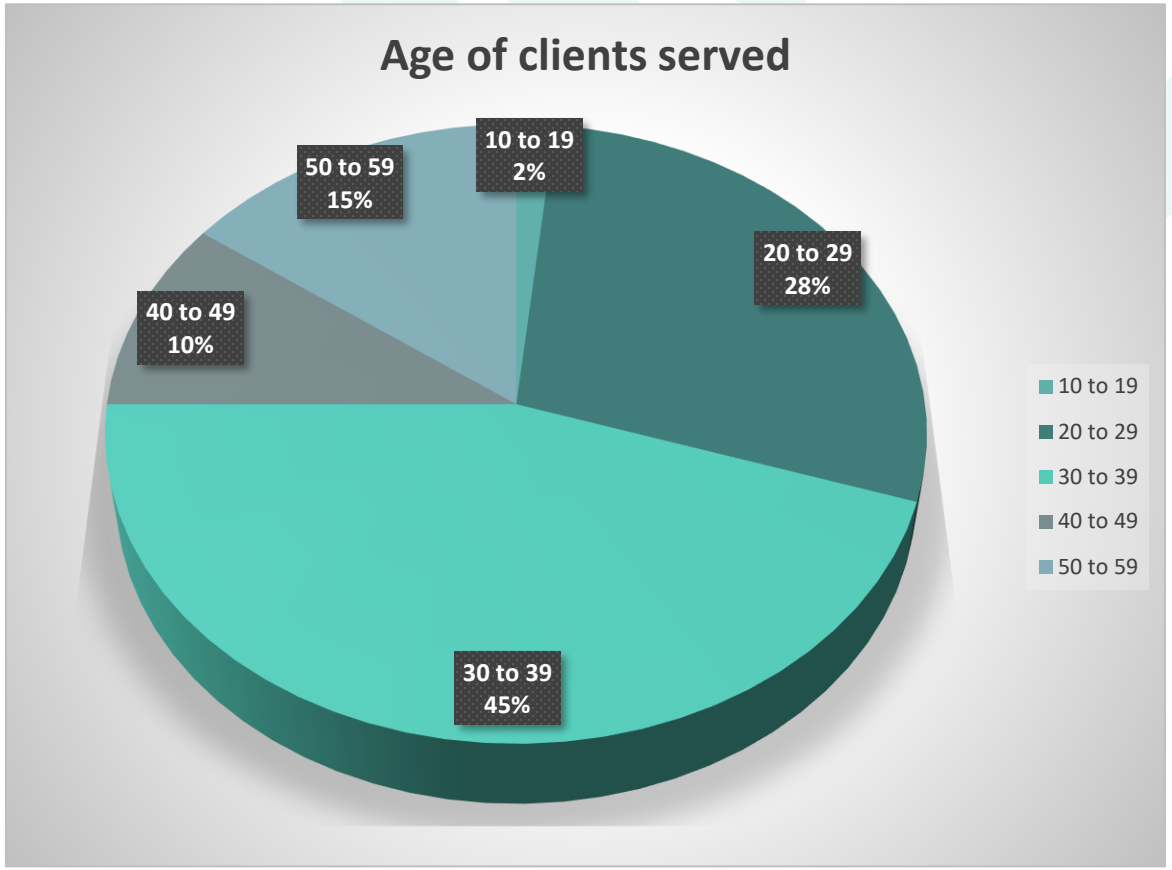
WE WERE ABLE TO MOVE UP TO FULL CAPACITY WITHIN TWO MONTHS OF REOPENING WITH THE HELP OF ANTI-BACTERIAL CURTAINS AS WELL AS A TRAINED RPN COMPLETING COVID-19 TESTING UPON ADMISSION.

- WE HAVE HAD ONE POSITIVE CASE IN OUR SAFE BED; LUCKILY, WE WERE ABLE TO RELOCATE HIM AND ISOLATE ALL OTHER CLIENTS WHO WERE A CLOSE CONTACT. NO OTHER CLIENTS TESTED POSITIVE.

POPULATION OF CLIENTS SERVED (APRIL 2021- SEPT 2021)







STATS Q1 2021-2022

REFERRALS

For the period of April, May and June 2021, we received a total of 155 referrals for our safe beds.

ADMISSIONS

Though 155 referrals were received we served 28 clients, due to the shortage of safe beds.

LENGTH OF STAY

The average length of stay for our clients is 10 days. We have seen an increase due to COVID 19

UNIQUE CLIENTS

Of the 28 clients admitted 11 were returning clients and 17 were unique clients.

ONTARIO TELEMEDICINE

Ontario Health

SYSTEMS

- Four room-based systems
- Educational Videoconference
- Administrative Videoconference
- Clinical Videoconference

PERIPHERALS

- Clinical Cart
- AMD ENT Scope
- AMD Exam Camera
- Littmann Telestethoscope

MEDICAL TEAM AND TELEPSYCHIATRY

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

NURSING STAFF

- Kelsea Michaud-Malherbe, full time on-site Nurse Practitioner provides comprehensive assessments, addiction medicine, primary care and staff education.
- Stephanie Trudel, full time on-site Registered Practical Nurse assists the Nurse Practitioner to deliver medical care, such as assessments, dispensing of medication, OTN Coordinator, etc.

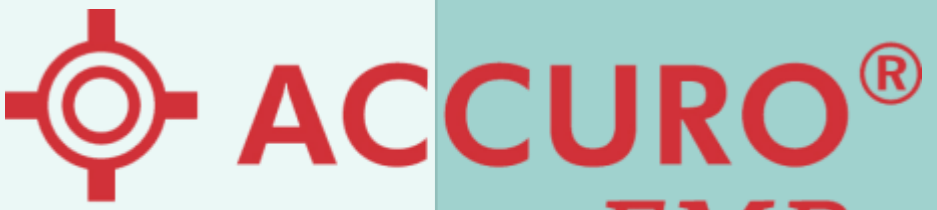
PHYSICIANS

- Dr. David Marsh, working with Jubilee Centre as consulting Addictionologist, leading innovative changes from a medical perspective.
- Dr. Richard Lebel, consulting physician
- Dr. Paul Benassi, specializes in forensic psychiatry with the Centre for Addiction and Mental Health and provides psychiatric consultations to clients in need through ICM partnership. This service is provided routinely and has been very beneficial to support our clients with concurrent disorders.

ELECTRONIC MEDICAL RECORD

Jubilee Centre has recently transitioned to Electronic Medical Records (EMR), allowing for:

- ❖Paperless
- ❖Greater clinical reach
- ❖Enhanced integration potential
- ❖Improved client experience
- ❖Reduced reliance on hospital-based services

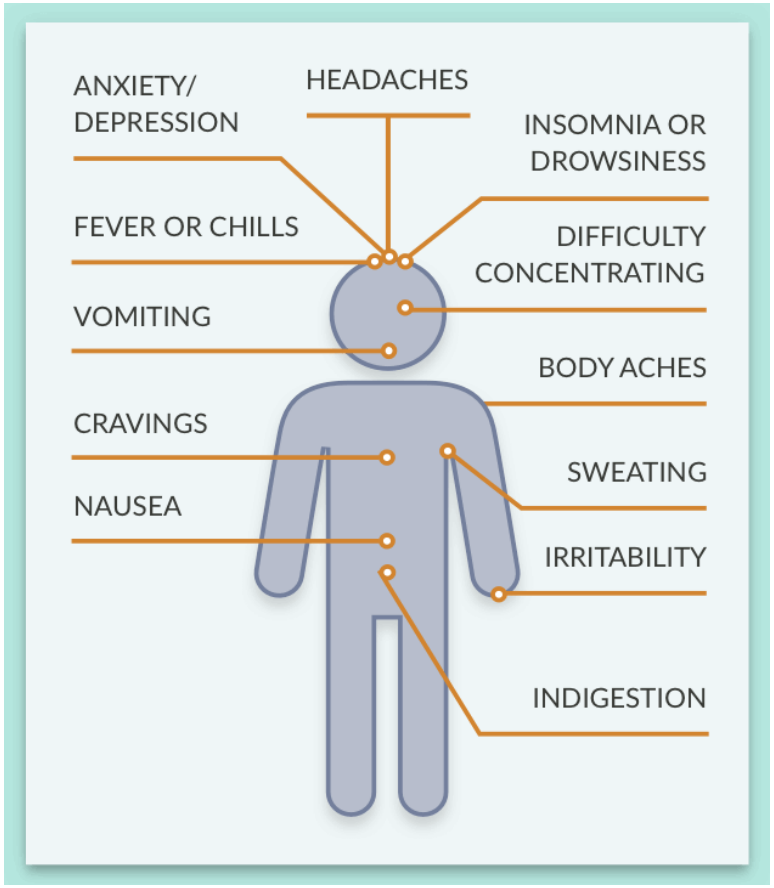


MEDICALLY MANAGED WITHDRAWALS

ALCOHOL

Withdrawals from alcohol are measured using the CIWA (Clinical Institute Withdrawal Assessment for Alcohol).

Diazepam is provided to the client during moderate to severe withdrawals to manage symptoms and reduce risk of seizures.



OPIOIDS

Withdrawals from opioids are measure using the COWS (Clinical Opioid Withdrawal Scale)

Opiate Replacement Therapy is offered to the clients experiencing withdrawals for opioids.

OPIATE REPLACEMENT THERAPY

METHADONE

Methadone is a full opioid, meaning that its effects increase as the dose increases. It tends to have more side effects than buprenorphine and it is more likely to cause overdose if taken in excess. However, some patients find that methadone is more effective at relieving withdrawal symptoms and cravings.

When they are taken in the right dose, they will not experience withdrawal symptoms, euphoria, or intoxication.

Symptoms of opioid withdrawal can last for up to a week, and if they decide to start using medication again in order to relieve these symptoms, they are at high risk of overdose. Methadone and buprenorphine are both much safer than stopping an opioid suddenly.

Buprenorphine is a partial opioid, meaning that once a certain dose is reached, further dose increases do not increase its effects. Buprenorphine has milder side effects for most people and is less likely to cause an overdose

BUPRENORPHINE

MEDICATION FOR ALCOHOL USE DISORDER.

- Aversive Medication cause individuals to get sick when they drink alcohol
  - Disulfiram
- Anti-Craving Medication work on the reward center of the brain to reduce pleasurable effects of alcohol.
  - Naltrexone
  - Acamprosate
  - Gabapentin
  - Topiramate

THANK YOU
MIIGWETCH

TAMMY@JUBILEECENTRE.CA

STEPHANIE@JUBILEECENTRE.CA

HTTP://WWW.JUBILEECENTRE.CA

Canadian Mental Health Association

Brant-Haldimand-Norfolk

Mental health for all

CMHA BHN
Brant Safe Beds

Presented by Maureen Acuña-Harrison, BSB Team Lead, PPT created with the help of Mohawk College Student Mabe Kyle

Where are we located?
84 Brant Ave, Brantford ON

- **Opened October 2020**
- **Welcomed first guest on October 19, 2020**

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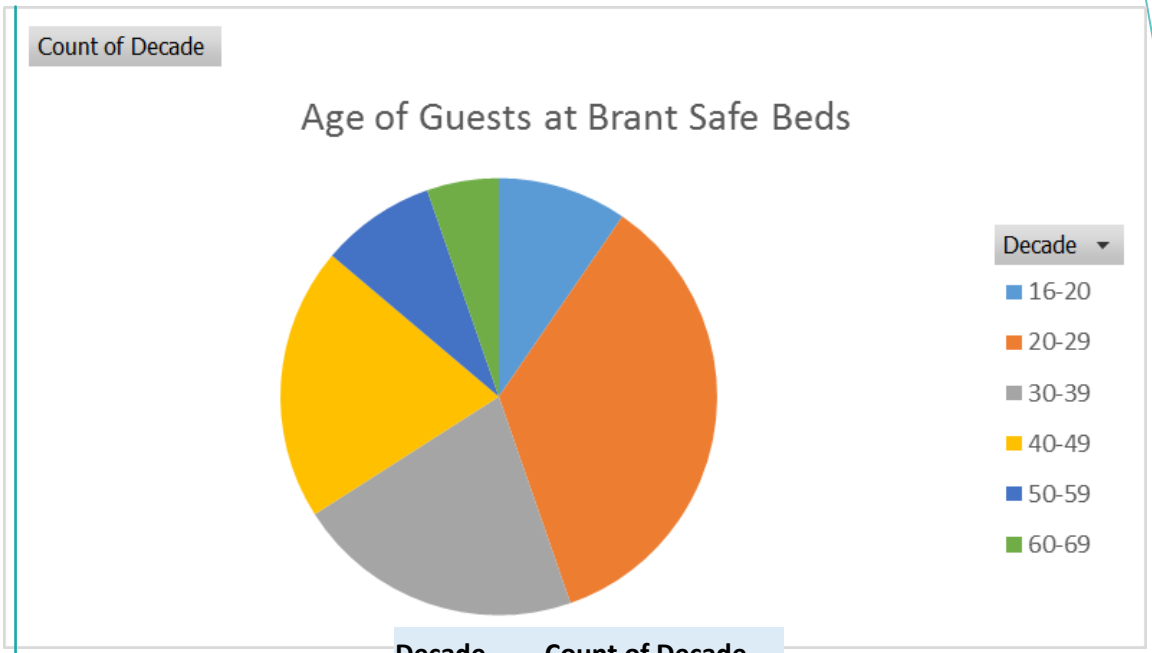
STATS:
Mode ages of clients/guests from October 2020 to November 2021



Decade	Count of Decade
16-20	9
20-29	33
30-39	20
40-49	19
50-59	8
60-69	5

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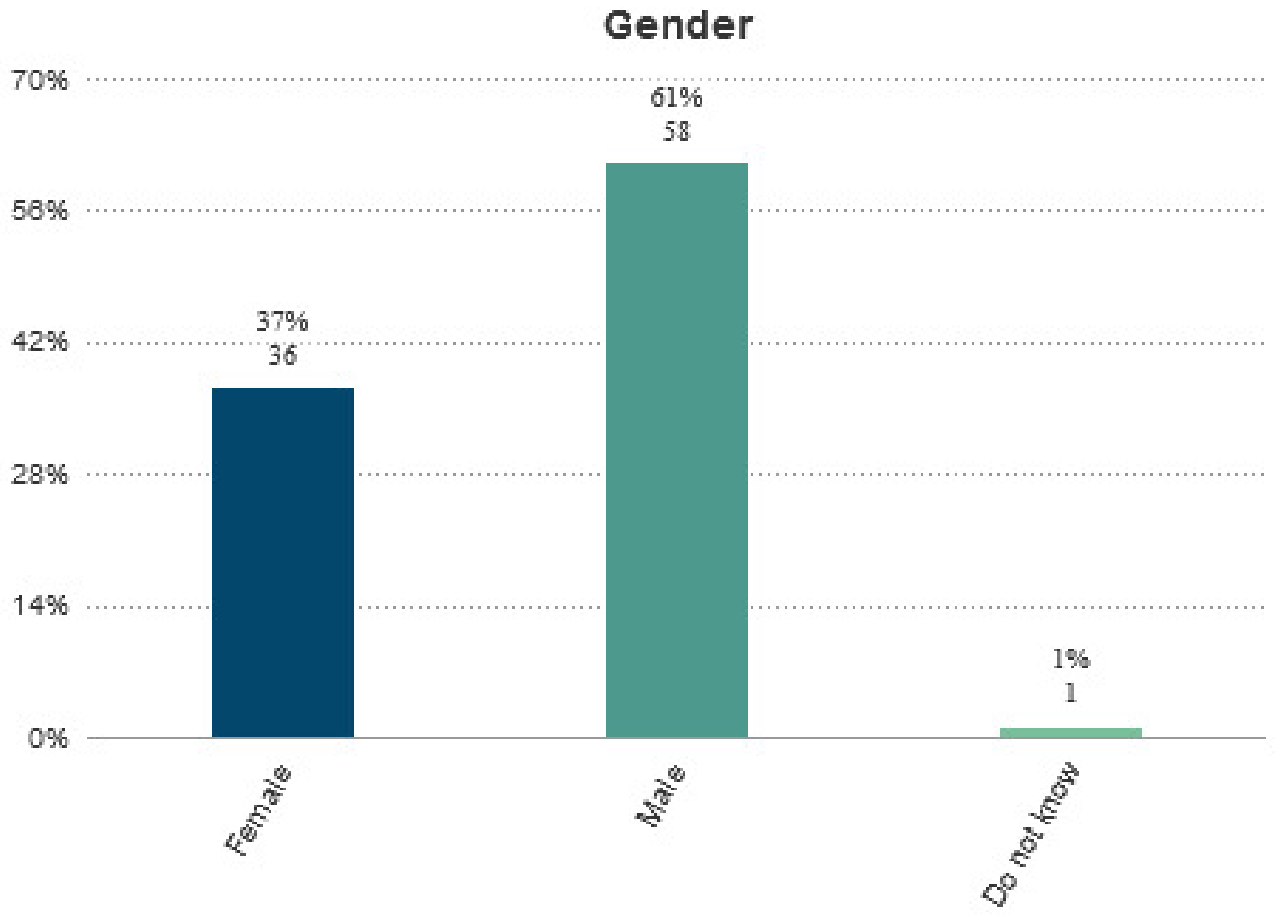
Clients admitted by Gender

- From October 2020 to November 2021



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Fast Facts

- 6 private rooms with ensuite bathroom
- Co-ed: no gender-dedicated floors
- Up to 30-day stay
- Program has no history prior to Covid-19 restrictions – this is our norm
- Not a homeless shelter or Withdrawal Management Program
- Prepared meals and snacks are provided; Blessing Centre provides dinner
- Guests have shared access to a computer, phone and television
- Updates sent daily to referral sources: Police (Six Nations, Brant OPP and Brantford Police Services), Mobile Crisis and Hospital

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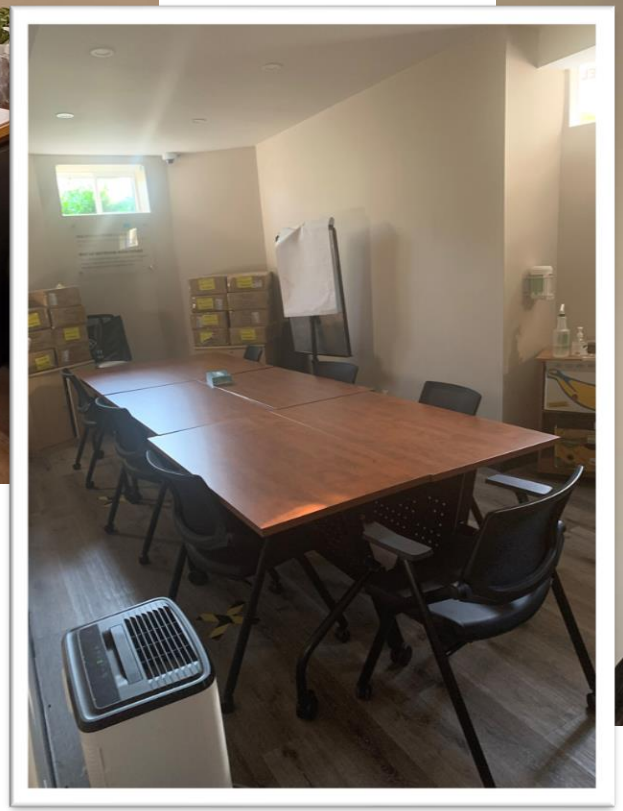

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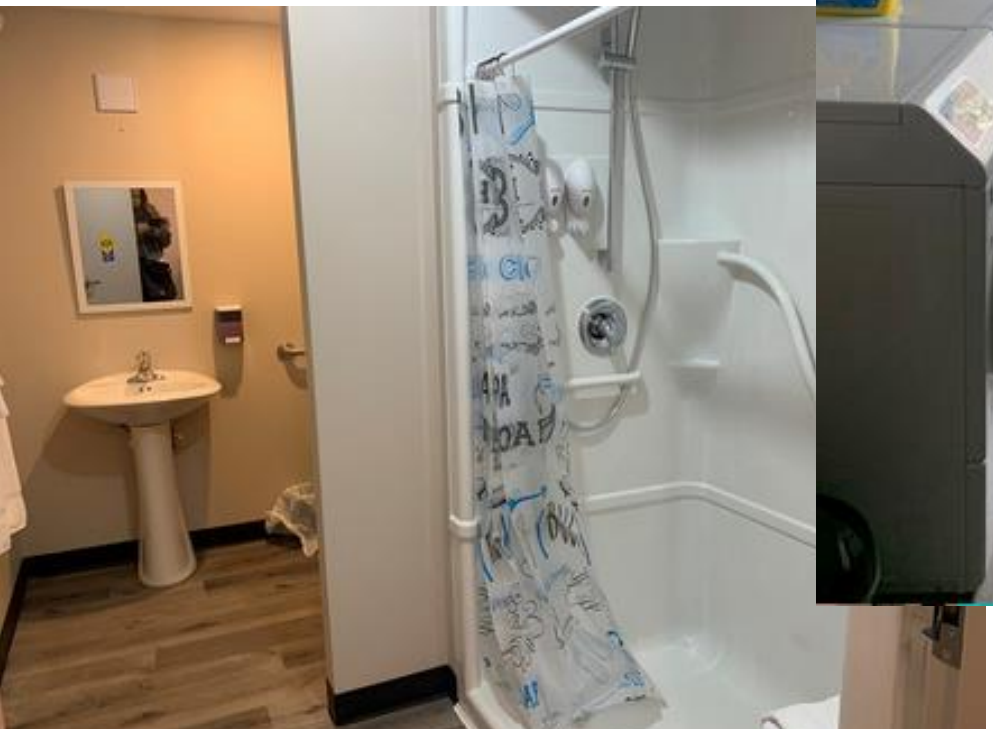

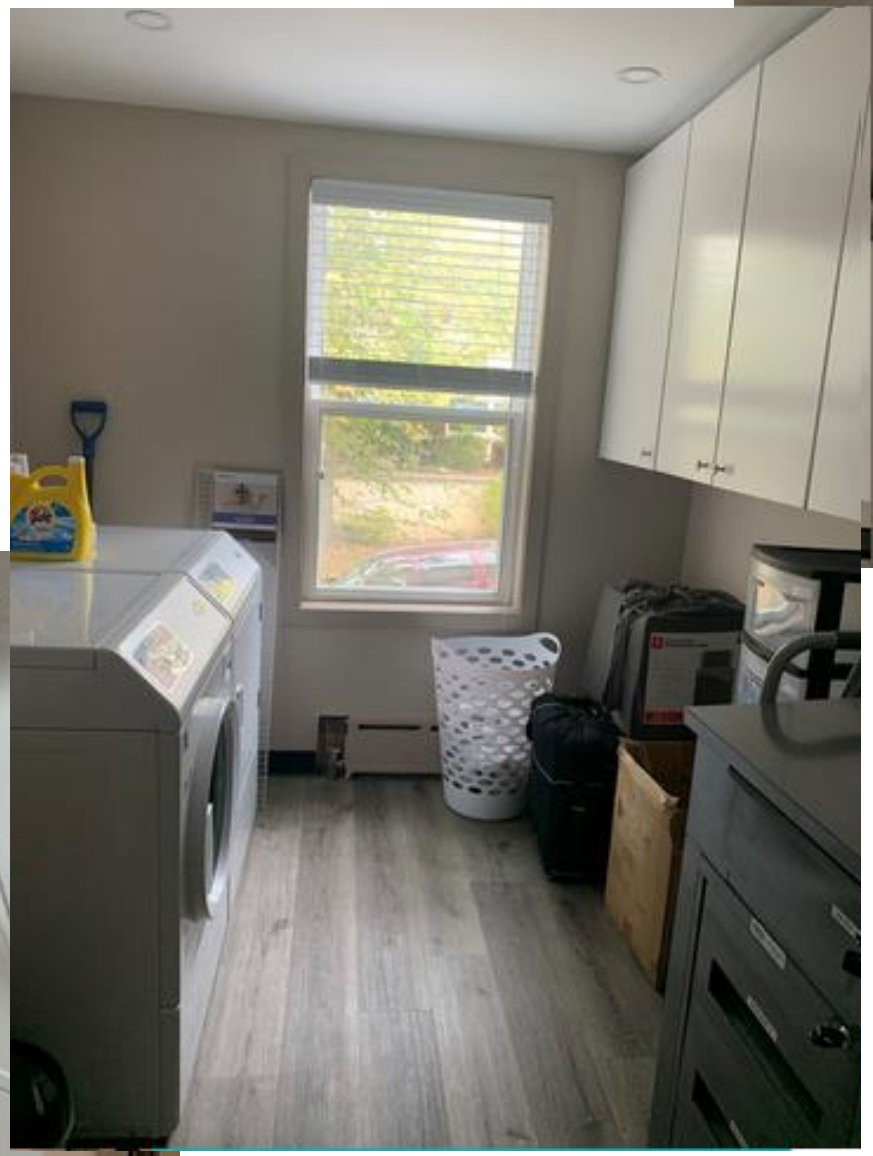

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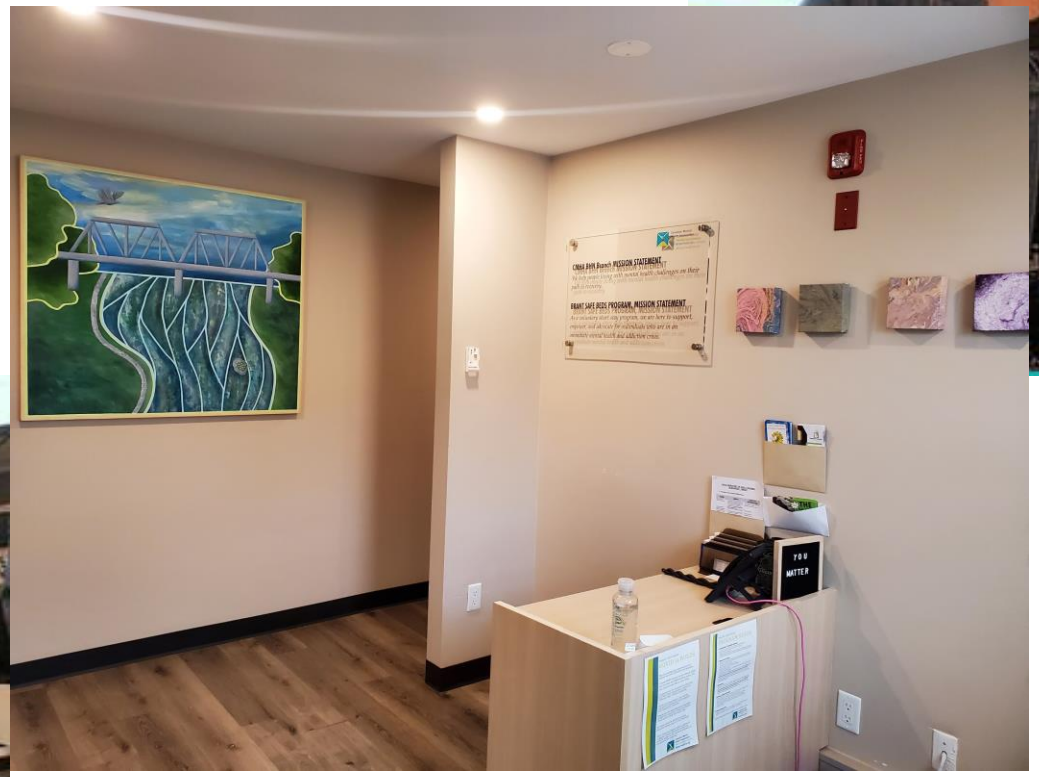

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What makes our program unique

- Teaching ADLs: laundry facilities for each suite, weekly inspections, etc.
- Accessibility: wheelchair lift, 1 room dedicated for guests
- Partnership with Blessing Centre for Meals
- In-house Concurrent Disorder Specialist, Community Support Team and Peer Support Specialist
- Client safety: screening, Life/Fire Safety planned re: layout of the building
- Our team: understanding of the determinants of health, harm reduction and being Trauma-Informed
- Our Community Partners: Grand River, SLCS, RAAM, BCHS, Brantford Commons Pharmacy

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Harm Reduction Model

Safe Beds practice a Harm Reduction Model

- What this means: Safe Bed staff work with the clients on triggers and offer addiction supports. As long as the client can safely participate in the program while using, they are welcome to stay.

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Our team is composed of

- Manager
- Team Lead
- Mental Health Workers
- Case Managers
- Peer Support Worker (seconded from HOPE)
- Concurrent Disorders Worker (seconded from St. Leonard's)

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Challenges guests face

- Mental Health/Addiction crisis
- Physical Health = Medical issues
- Support through medication stabilization
- No GP/HCP
- Housing/Homelessness
- Being banned from Shelter Programs
- Involvement in the justice system
- Lost/Stolen ID: replacement
- Lack of income
- Impacts of trauma

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Challenges faced in the first year of operation

- Missing appliances/clothes/keys/outdoor table
- Informing the community of our referral process
- Figuring out communication pathways
- Learning how to operationalize a Harm Reduction model of service
- Pandemic and Harm Reduction and Quarantine

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Contact Brant Safe Beds

Email for Maureen is:

Maureen@cmhabhn.ca

Phone: 519-304-4088 ext. 405

For referrals by Police – Police Access Line (PAL) 519-304-4488

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Questions?

Amy S. Herskowitz, SolGen | Lina Coladipietro, Ministry of Health

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