## **Halton Crisis Protocol**

## Purpose of the Protocol:

Police and social services often interact when individuals with a mental illness experience a crisis. The goal of this protocol is to ensure that these services support one another in a manner that:

- 1. Ensure that services are provided by the most appropriate provider(s) and that a team approach be used to fully meet the needs of the individual.
- 2. Ensure that the expectations of each participant are consistent with the mandate of their service agency.

#### Goals of the Protocol:

- 1. To support the emergency response provided to individuals with a mental illness in crisis.
- 2. To increase the effectiveness and cohesiveness of crisis services for the Halton region.
- 3. To promote the use of the Common Crisis Plan to improve service coordination for individuals who are likely to utilize crisis services.

### **Guiding Principles:**

- 1. Every individual deserves to be treated with dignity, compassion and respect.
- 2. Individuals with a mental illness may require supplementary community supports to assist them during a time of crisis.
- 3. The Crisis Plan and Protocol are entirely client-directed and are for the sole purpose of assisting and providing support to an individual with a mental illness during crisis.
- 4. We are inclusive and equitable and sensitive to gender, race, age, ability, sexual orientation, culture, socio-economic and religious backgrounds.

#### Review:

1. Agencies will review the Crisis Plan and Protocol with the individual on a regular basis to determine relevance and update any changes, as per each service provider's respective policy and mandate.

## Scope of the Protocol:

This protocol is inclusive of services provided by the following emergency crisis services providers:

- o Summit Housing & Outreach Programs
- o Halton Regional Police Service Police
- o Canadian Mental Health Agency-Halton Region Branch

By signing this Protocol, the above mentioned service providers are committing to their involvement in this protocol for responding to crisis in the community.

# Common Crisis Plan for Halton Regional Police Service

Personal Information		
Name:	Date of Plan:	
Address/City:	Postal Code:	
Phone #'s:	Date of Birth:	
Primary Worker:	Primary Worker Phone #:	
Diagnosis:		
Mental Health & Medical Concerns: (i.e. allergies, sensitivities, physical and mental health issues, suicidal behavior, addictions/dependencies, mode of communication)		
Emergency Contact Information:		
Name:	Phone #:	
My "triggers" for a crisis:		
1.		
2.		
3.		
My "early warning signs" for a crisis:		
1.		
2.		
3.		
My "coping strategies" when I experience ear	rly warning signs for a crisis:	
1,		
2.		
3.		

What	usually happens when I am in crisis:	
1.		
2.		
3.		
When	I am in crisis, my coping strategies are	<b>9</b> :
1.		
2.		
3.		
Pleas	e list items that would be helpful durin	g crisis: (i.e. soft voice, avoiding eye contact)
1.		
2.		
3		
Pleas conta		ing crisis: (i.e strong tone of voice, direct eye
1.		
2.		
3.		
Place	s I can go or people I can talk to and w	hen are they available:
1.		
2.		
3		
Community Connections/Supports I use and how they help me:		
1.	A 120 (4	
2.		
3.		
	Primary Worker Signature	Signature

## **Consent Form**

I,	, D.O.B/	
(Print Full Name)	$\overline{DD}$ $\overline{MM}$ $\overline{YY}$	
of this	address	
	Alexander and the second secon	
	onal Information/Personal Health Information.	
	) may share my common crisis plan and	
	on the common crisis plan with the Halton	
Regional Police Service and that this exchange of information may be by phone, fax,		
	formation will only be shared during a time of	
crisis. I understand that I may withdraw this consent at any time.		
Signature:	Date:	
Signature	Datc	
A substitute decision maker is a person authorized under PHIPA (Personal Health Information Protection Act) to consent for the client, and may sign on behalf of an individual, to disclose personal health information about the individual.		
Witness Name:	Address:	
Witness Home Tel:	Work Tel.:	
Witness Signature:	Date:	
This consent will expire on Upon expiry, the crisis plan will be securely destroyed. If you should wish to renew this consent, please see your agency.		