

Improving Police-Hospital Transitions: A Framework for Ontario



Canadian Mental
Health Association
Ontario

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pour la santé mentale
Ontario



HSJCC
Human Services & Justice
Coordinating Committee



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Hospital
Association



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- Ministry of Health and Long-Term Care
- Ministry of the Solicitor General
- Provincial Human Services and Justice Coordinating Committee
- Canadian Mental Health Association (Ontario)

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Executive Summary

This framework has been designed to provide police services and hospitals in communities across Ontario with the tools necessary to establish effective police-hospital transition protocols for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care. This framework outlines best practices and recommendations for the development of effective protocols that can be tailored to meet the needs of the local community.

The essential first step to developing an effective police-hospital emergency department transition protocol is to establish a strong relationship between the hospital and police service(s), including municipal police services and Ontario Provincial Police (OPP) Detachments. Building a strong relationship opens the door for clear and consistent communication between police officers and emergency department staff.

This framework identifies key drivers of effective police-hospital relationship building:

- 1. Obtain endorsement from Police Chief(s)/OPP Detachment Commander(s) and Hospital CEO**, as strong commitment, support and endorsement from the most senior leaders of the organizations has a cascading effect and encourages all levels of staff across the organizations to establish positive working relationships.
- 2. Establish Police-Hospital Committee** to provide the leadership and coordination necessary to assess current practices and develop, implement, routinely monitor and evaluate the effectiveness of the protocol.
- 3. Develop Protocol** and a written agreement that outlines each step in the police-hospital emergency department transition (i.e. beginning when a police officer apprehends a person under the *Mental Health Act* and ending when the person is transferred from police officer's custody to the hospital emergency department).
- 4. Provide Training** on the implementation of the protocol, including the provision of training to all staff who have a role in the protocol.
- 5. Implement Protocol** beginning with an initial testing phase where issues arising from the protocol are identified and necessary corrections are made immediately.
- 6. Monitor Protocol** routinely to ensure that, as issues arise from the implementation of the protocol, adjustments are made as needed.

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Purpose

This framework has been designed to provide police services and hospitals in communities across Ontario with the tools necessary to establish effective police-hospital transition protocols for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care.

The intent of this framework is to support communities to:

- 1) Improve outcomes for individuals apprehended by police under the *Mental Health Act* while respecting individual rights, including the right to privacy;
- 2) Improve transitions between police officers and hospital workers; and
- 3) Improve coordination and collaboration among partners involved in the transition.

Intended Audiences

This framework has been specifically developed to assist police services, hospital staff and providers of community mental health, addictions and other human services across Ontario to deliver more effective and coordinated care for persons experiencing a mental health or addictions-related crisis who may be apprehended by police and may require hospital emergency department services.

Increasing need for effective police-hospital transition protocols in Ontario

Research evidence indicates the complex challenges associated with police-hospital transitions and the increasing need for effective transition protocols in Ontario. As emergency responders, police officers often provide assistance to individuals experiencing a mental health or addictions-related crisis. Under the *Mental Health Act*, police officers also have the authority to take individuals who may be at risk of harming themselves or others to an appropriate place for examination by a physician, often to a hospital emergency department. Upon making the apprehension, the police officer remains with the individual until transfer of custody to the hospital occurs. A number of service dynamics occur during this transition process resulting in issues that impact on police services, hospital staff and the individual in crisis.

Research conducted by the Provincial Human Services and Justice Coordinating Committee¹ further highlights the importance of improving transitions between police services and hospitals:

Impact on individuals in crisis. Police accompanied visits to emergency departments increase the stigma associated with mental health and addictions conditions. Being accompanied by a police officer for an extended period of time in a crowded emergency department, particularly while handcuffed or restrained, can worsen the situation and can serve to reinforce the misperceptions about people with mental health and addictions issues, and can also result in the further distress of the individual. In these situations, privacy is often compromised as the individual may feel uncomfortable communicating with hospital staff in the company of police officers, thus hindering their care and treatment.

Impact on emergency departments. Police accompanied visitors often pose additional challenges for hospitals that must balance emergency care with meeting the needs of individuals experiencing a mental health or addictions-related crisis. Limited quarters inside emergency departments mean these individuals may have to remain in a general waiting area under police custody, creating uncomfortable experiences for them and other individuals awaiting care. Hospitals that do not have quiet safe rooms or security guards often rely on police officers to maintain security and safety for everyone in the emergency department. Where hospital security guards may be available, their role with respect to police accompanied visitors is often unclear.

Impact on police services. Police officers often remain in the emergency department with the individual in crisis for extended periods of time until transfer of custody to the hospital occurs. Police presence may also be requested to ensure security and safety of hospital staff. Public safety may be impacted when police officers are required at emergency departments rather than providing services out in the community.

Increasing wait times. Emergency rooms typically face a high volume of clients. Without effective protocols in place to ease transitions, police officers may wait in hospital emergency departments several hours before the individual in crisis may be seen by a physician. These delays may result as individuals experiencing a mental health or addictions-related crisis may be given a lower triage priority compared to those experiencing a physical trauma. Across Ontario, limited number of beds in mental health inpatient units at hospitals and limited 24-hour community-based crisis intervention supports may further contribute to these increasing wait times.

This framework is a strategy for addressing these multiple, intersecting issues associated with police accompanied visits to hospital emergency departments. This framework outlines best practices and recommendations for the development of effective police-hospital transition protocols.

Developing an effective police-hospital transition protocol

Building a strong relationship between the hospital and police service(s) is the most important component of an effective police-hospital emergency department transition protocol.

Research evidence indicates that the essential first step to developing an effective police-hospital emergency department transition protocol is to establish a strong relationship between the hospital and police service(s), including municipal police services and Ontario Provincial Police (OPP) Detachments.¹

Building a strong relationship opens the door for clear and consistent communication between police officers and emergency department staff. It is important that the relationship building occurs at many levels across the organizations, from the frontline staff level to the most senior levels of management.

Establishing a joint police-hospital committee is recommended to provide the leadership and coordination necessary to assess current practices and develop, implement, routinely monitor and evaluate the effectiveness of the protocol.

Detailed below are key drivers of effective police-hospital relationship building.

¹ Provincial Human Services and Justice Coordinating Committee. (2013). *Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario*. www.hsajcc.on.ca

Key drivers of effective police-hospital relationship building

1) Obtain endorsement from Police Chief(s)/OPP Detachment Commander(s) and Hospital CEO

To develop an effective police-hospital emergency department transition protocol, commitment, support and endorsement is necessary from the Chief of Police/OPP Detachment Commander and the Chief Executive Officer (CEO) of the hospital.

Strong commitment, support and endorsement from the most senior leaders of the organizations has a cascading effect and encourages all levels of staff across the organizations to establish positive working relationships.

Communication at all levels of the organization will facilitate a seamless transition for individuals apprehended under the *Mental Health Act*.

The following relationships are crucial to the success of the police-hospital emergency department transition protocol:

- a. Police Chief/OPP Detachment Commander and Hospital CEO to be the executive sponsors of the protocol;
- b. Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.) to provide guidance to staff on the successful implementation of the protocol and resolve any disputes that may arise between the organizations; and
- c. Frontline police officers and hospital emergency department staff to deliver on the expectations associated with the written agreement between the hospital and police service(s).

Key drivers of effective police-hospital relationship building

2) Establish Police-Hospital Committee

It is recommended that the organizations jointly establish a police-hospital committee, which meets regularly, for the purpose of assessing current practices and developing, implementing, routinely monitoring and evaluating the effectiveness of the police-hospital emergency department transition protocol.

The composition of the committee should include representation from frontline staff as well as management from:

- Hospital emergency department (including physicians and nurses) and privacy office;
- All police services within the hospital's catchment area. Where appropriate, local protocols may consider a different catchment area that is reasonable for the local circumstances (e.g. based on the police services' catchment area that captures multiple hospitals);
- Local paramedic services;
- Individuals and families with lived experience of police-hospital transitions; and
- Other important stakeholders in the community as needed, such as community-based mental health and addictions agencies, peer and family support organizations, child and youth mental health and addictions agencies, legal representation, Local Health Integration Network representation and others.

It is recommended that the Police-Hospital Committee develop a terms of reference document which outlines the purpose of the committee, the objectives to be achieved and the frequency of meetings.

Key drivers of effective police-hospital relationship building

3) Develop Protocol

It is recommended that a written agreement be established that outlines each step in the police-hospital emergency department transition protocol (i.e. beginning when a police officer apprehends a person under the *Mental Health Act* and ending when the person is transferred from the police officer's custody to the hospital emergency department).

The written agreement should be developed under the leadership of the Police-Hospital Committee, with executive signatories from each organization involved with the implementation of the protocol.

Where possible, people with lived experience of police-hospital transitions should be engaged in the development of the protocol.

The written agreement should include:

- a. Procedures for transferring the individual from the police officer's custody to the hospital emergency department when an apprehension has occurred under the *Mental Health Act*;
- b. A Mental Health and Addictions Screening Form for use by frontline police officers to document observations regarding the individual apprehended under the *Mental Health Act*;
- c. A Transfer of Custody Form for use by hospital staff to document decisions pertaining to a joint analysis of risk conducted by the hospital staff and the police officer. The joint analysis of risk can be completed by designated hospital staff (not necessarily a physician) and the police officer. However, when required, the decision regarding issuing a Form 1 (Application by Physician for Psychiatric Assessment) under the *Mental Health Act* must be made by a physician;
- d. Roles and responsibilities of each organization and respective staff members at each step of the transition; and
- e. Signatures from the senior leaders of each organization involved in the protocol.

Key questions to consider when developing a police-hospital emergency department transition protocol:

- What are the existing processes, policies and procedures for police-hospital transitions?
How will existing practices be impacted by developing a protocol?
Is there an opportunity to improve upon existing protocols?
- What key goals and targets are to be achieved through the protocol?
- What are the roles and responsibilities of each partner organization and respective staff members involved with the protocol?
- How will individuals and families with lived experience of police-hospital transitions be included in the committee and involved in the development of the protocol?
- Is a legal opinion needed to clarify the transfer of custody of individuals who have been apprehended under the *Mental Health Act*?
- Is a legal opinion needed to clarify the requirements under various legislation? (e.g. *Mental Health Act*, *Police Services Act*, *Freedom of Information and Protection of Privacy Act*, *Municipal Freedom of Information and Protection of Privacy Act*, *Personal Health Information Protection Act*, etc.)

Recommended goals for a police-hospital transition protocol include:

- ✓ Improve outcomes for people experiencing a mental health or addictions-related crisis that are accompanied to an emergency department by a police officer while respecting individual rights, including the right to privacy;
- ✓ Decrease police officer wait times to transfer custody of apprehended person to hospital emergency department;
- ✓ Enhance collaboration and coordination between hospitals and police services in Ontario communities;
- ✓ Protect health care worker safety and security through system improvements; and
- ✓ Promote public safety.

Key questions to consider when developing a police-hospital emergency department transition protocol (continued):

- Are there any other implementation barriers that need to be considered? Are there any existing supports that can be leveraged to assist with the development and implementation of the protocol?
- How will the decision to transfer custody from the police to the hospital be determined?
- What are the procedures for conducting an analysis of risk in order to determine when a police officer should remain at the hospital to maintain security and safety for everyone in the emergency department?
- How will disputes between frontline police officers and hospital staff be addressed? (i.e. what will be the dispute resolution process if a police officer and hospital staff disagree about the level of risk an individual in crisis may pose to themselves or others in the emergency department)?
- If the hospital is not a Schedule 1 Psychiatric Facility, which organization will be responsible for transporting the individual to the nearest Schedule 1 facility?
- Under what circumstances and how will transition-related personal health information about a patient be collected, used, disclosed, stored and secured? Who will be responsible for information-sharing decisions and how will those decisions be documented?
- What special considerations are needed for children and youth, and seniors?
- What special considerations are needed for Indigenous communities?
- What special considerations are needed for racialized communities?
- What special considerations are needed for other marginalized populations in the community?
- How will language barriers be addressed, especially French language requirements?
- What other elements should the protocol contain in order to be inclusive of consideration for special and vulnerable populations (e.g. children and youth, seniors, those with developmental disabilities, etc.)?

Key drivers of effective police-hospital relationship building

4) Provide Training

Each organization must locally determine how to provide training on the implementation of the police-hospital emergency department transition protocol, including the provision of training to all staff who have a role in the protocol.

Wherever possible, it is recommended that joint training sessions be held to encourage relationship building across the organizations involved with the protocol and support a collaborative educational experience.

The training on the protocol should include:

- Roles and responsibilities of each organization and respective staff members;
- Training on the Mental Health and Addictions Screening Form;
- Training on the Transfer of Custody Form; and
- Instructions for carrying out each stage of the protocol.

Additional content to support the training needs of staff may include: background information about the legal requirements of police-hospital transitions in Ontario (i.e. *Mental Health Act*, *Police Services Act*, *Freedom of Information and Protection of Privacy Act*, *Municipal Freedom of Information and Protection of Privacy Act*, *Personal Health Information Protection Act*, etc.); background information about mental health, addictions and the circumstances that may lead an individual to experience a mental health or addictions-related crisis; information sharing and privacy obligations; and information about the mental health and addictions services and supports available in the local community.

Where possible, individuals and families may be engaged to share their lived experiences about mental health or addictions-related crisis situations and the impact of police-hospital transitions.

Key drivers of effective police-hospital relationship building

5) Implement Protocol

Frontline police officers and hospital emergency department staff should be responsible for managing the day-to-day implementation of the protocol, with guidance from the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.).

The implementation phase should include an initial implementation or testing phase followed by a full implementation phase:

- a. During the initial implementation phase, issues arising from the protocol should be identified and necessary corrections should be made immediately;
- b. During the initial implementation phase, a designated staff person should be available from the police service(s) and the hospital to answer any questions related to or address any issues arising from the protocol in real time; this responsibility can rest with the shift commander of the police service(s) and a designated on-call staff member of the hospital;
- c. When the testing period is over and the full implementation phase begins, the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.) should continue to provide guidance to staff on the successful implementation of the protocol and resolve any disputes that may arise between the organizations; and
- d. As the executive sponsors, the Police Chief/OPP Detachment Commander and Hospital CEO should continue to hold ultimate accountability for the protocol during all stages of implementation.

Key drivers of effective police-hospital relationship building

6) Monitor Protocol

Under the leadership of the Police-Hospital Committee, the police-hospital emergency department transition protocol should be routinely monitored and evaluated. Over time as issues arise from the implementation of the protocol, the Police-Hospital Committee should update the protocol and make adjustments as needed.

The monitoring and evaluation process should include:

- Key indicators of success to be achieved;
- Pre- and post-test to gauge the progression of the key indicators of success;
- Timed intervals for when the data should be gathered;
- Routine report back to the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.); and
- An annual review of the protocol and updates as required.

Additional resources and sample tools to aid in the development of the protocol, including a sample written protocol, will be made available through a complementary guideline, *Tools for Developing Police-Hospital Transition Protocols in Ontario*.

