BUILDING A **SAFE** AND **RESILIENT CANADA**

Promising Practices in Policing Substance Users

A HANDBOOK OF INTEGRATED MODELS AND PRACTICES

Promising Practices in Policing Substance Users

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1. Introduction

1.1 Purpose of this Handbook

This handbook, based on a research report commissioned by Public Safety Canada in collaboration with the Canadian Association of the Chiefs of Police Drug Abuse Committee[1], identifies promising practices in integrated approaches to policing substance users. This includes defining the elements of successful multi-agency partnerships and showcasing models where police, health and/or social service providers are working together in a coordinated and effective way.

It is hoped that identifying these practices will provide practical information for those seeking to identify and implement effective practices in intervening with those who use/abuse substances.

1.2 Contributors to the Handbook

The following programs and agencies have been consulted in the completion of this handbook:

- Cape Breton Partnership on Drug Abuse
- Delta Police Liaison, Tsawwassen First Nation
- Drug Interventions Programme, Durham Police, United Kingdom
- Eagle's Nest Recovery House, Nova Scotia
- Edmonton Streetworks
- Hamilton Youth Drug Diversion Program
- John Howard Society of Hamilton, Burlington, and area
- Leeds Arrest Referral Scheme, Leeds, United Kingdom
- Lone Eagle's Program, Big Cove New Brunswick
- Mikmaq Support Network

- Niagara Regional Police Service
- Police and Crisis Team (PACT), Calgary Police Service and Edmonton Police Service
- Project Breakaway, Manitoba
- RCMP Hobbema Detachment, Community Response Unit (CRU)
- Toronto Police Service (TPS) Mobile Crisis Intervention Team
- Vancouver Coastal Health
- Victoria Police Department (BC)
- Victoria Police Department Integrated Community Outreach Team (VICOT)
- Victoria Police Department Integrated Mobile Crisis Response Team (IMCRT)

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[1] This document is based in part on a report prepared for Public Safety Canada by entitled "Promising Practices in Policing Substance Users" (January 2011) supplemented by additional research and consultation by Anjelina Mattai, Public Safety Canada's Law Enforcement and Policing Branch.

2. Integrated Models: Police and Community Agencies
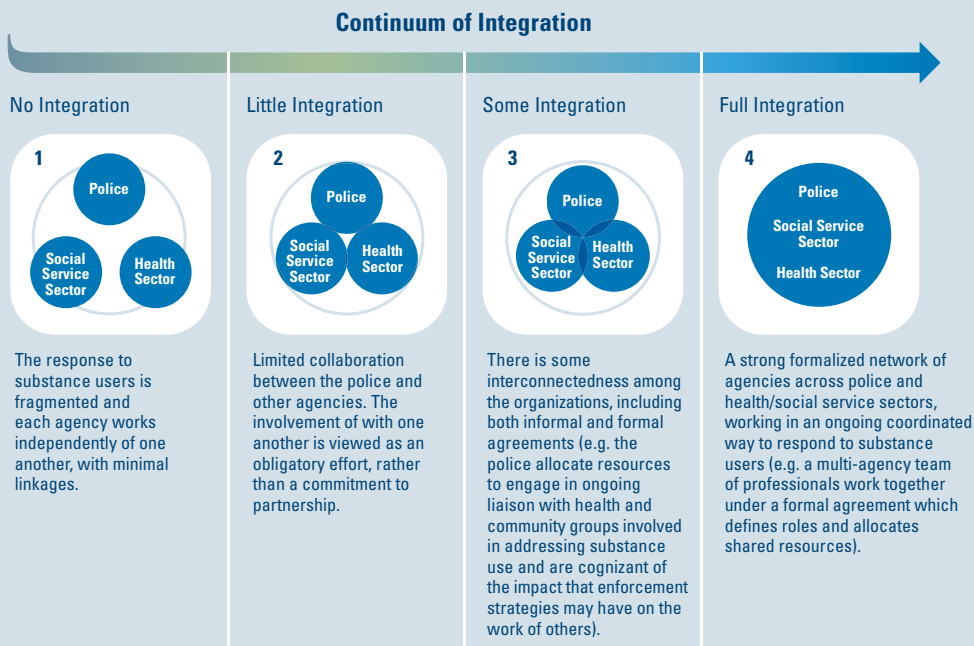
2.1 Integrated Models Defined

An **"integrated approach"** includes a variety of arrangements among different organizations to coordinate or collaborate to ensure a comprehensive approach to a given problem.

An **integrated model for policing substance users** involves interagency collaboration among police and health and/or social service providers to respond to substance users/abusers. The goal is to effectively make use of each agency's resources in order to promote overall health and public safety in a community.

In recent years, in an effort to expand beyond traditional enforcement practices (disruption of drug supply markets, arrest of traffickers and consumers, and harsh sanctions), many police services have undertaken a gradual shift in policy towards a community policing approach. Key aspects of community policing include engagement with the community through partnerships with other community agencies, and the adoption of a policing approach that considers the broader social problems which contribute or relate to substance use/abuse.

The Continuum of Integration

Integration occurs along a continuum, with many "promising practices" falling between the third and fourth category.

Continuum of Integration

No Integration

1

Police

Social Service Sector

Health Sector

The response to substance users is fragmented and each agency works independently of one another, with minimal linkages.

Little Integration

2

Police

Social Service Sector

Health Sector

Limited collaboration between the police and other agencies. The involvement of with one another is viewed as an obligatory effort, rather than a commitment to partnership.

Some Integration

3

Police

Social Service Sector

Health Sector

There is some interconnectedness among the organizations, including both informal and formal agreements (e.g. the police allocate resources to engage in ongoing liaison with health and community groups involved in addressing substance use and are cognizant of the impact that enforcement strategies may have on the work of others).

Full Integration

4

Police

Social Service Sector

Health Sector

A strong formalized network of agencies across police and health/social service sectors, working in an ongoing coordinated way to respond to substance users (e.g. a multi-agency team of professionals work together under a formal agreement which defines roles and allocates shared resources).

Types of Integrated Models

	Mobile Crisis Intervention Teams (CIT)	Diversion Programs	Arrest Referral Programs
What does it look like?	A police officer and a mental health, or social worker/nurse travel in an unmarked police car to individuals experiencing a mental health, substance abuse, or situational crisis in the community.	Police may apprehend and refer drug users to the diversion program, which assesses individuals to determine their level of use, their motivation to change, and any other significant strengths/risks of the individual, then sends them to specific treatment program(s).	Arrest referral workers are based in custody suites at police stations where they can directly offer service through direct contact with detainees.
What makes this model a promising practice for integrated models?	Police are increasingly called upon as first responders to deal with people experiencing different levels and forms of crisis. An integrated team brings the expertise of professionals to decide which type of help is most appropriate and where the client can be referred for support.	Program coordinators, counselors, police, and community agencies collaboratively work with participants to successfully address substance abuse problem. Provides an essential and positive connection between users and community resources to address the offending behavior and unmet needs.	Aims to reduce offending behaviour by identifying those whose offending behaviour is drug-related and offer referrals to agencies where they can receive treatment. Provides a vital link between the police, service users, courts, and treatment providers.
Examples:	PACT-Calgary, VICOT, TPS MCIT, Edmonton PACT, Hamilton's Crisis Outreach and Support Team	Hamilton Youth Diversion Program, Victoria (Australia) Police Drug Diversion Program	Leeds Arrest Referral Scheme, most areas of England have adopted the use of arrest referral programs

2.2 Programs Which Respond to the Needs of Sub-Populations, (e.g., women, youth, and ethnic minority communities)

	Elements of Effective Practice	Model Examples
Women	Programs that address the needs of women may include components which address: communication with family/children, women-specific health and sexuality issues, life-skills training, housing support, and developing healthy relationship skills and support networks.	London Police Service: Persons at Risk Pilot Project responds to issues related to sex trade workers, including danger of disappearance/murder; Edmonton Street Works, an inner-city disease-prevention program with a needle exchange component; Servants Anonymous Society Surrey, which includes educating the police about prostitution and exploitation of street-involved women and providing services to women exiting the trade.
Sex Workers	Programs for sex workers may include components which respond to the harms related to the dangers of sex work, as well as the stigma associated with both sex work and substance abuse which may limit access to mainstream healthcare and other supports.	
Youth	Programs responding to youth may incorporate extrajudicial measures outside of the formal court process in holding a young person accountable. This may include establishing commitments among youth, parents/guardians, and community to prevent future drug use and to maintain positive alternatives.	Hamilton Youth Diversion Program; Wetaskiwin/Hobbema Community Response Unit and their work with Aboriginal Youth Gangs; Adolescent Drug-Abuse Prevention and Treatment (ADAPT) Program, Fort Lauderdale, Florida.

The effects of problematic drug use are unique to each community. A promising approach for Vancouver might not work in Kelowna, for example, and might even do harm in smaller communities. Locally based responses are the most effective means of targeting local drug issues. Responses should take into account the specific regional, national, and global context that contributes to local problems.

2.3 Challenges of Integrated Models

- Different vision/mandates of respective organizations in their response to substance users/abuse
- Barriers to information sharing between agencies
- Different service levels that are administered by separate government agencies are often competing for the same funds
- Resistance of some communities to implementing programs for substance users
- Pressure from community and organizations to take referrals
- Public expectations of a 'quick fix' to systemic issues
- Relations may become strained when agencies view the police as being heavy handed or heavily punitive

Despite these challenges, programs exist which combine a number of elements that can be used to overcome these challenges. These are detailed below.

2.4 Elements of Effective Integrated Models

Shape Code Legend	*Each of the elements of effective integrated models, listed below, corresponds to a shape identifier.*

The following elements support an integrated approach to policing substance users:

- Identify and define substance–related problems in the community
- Develop clear response policies to various aspects of substance abuse
- Define roles and responsibilities and clarify how information can be shared
- Establish common ground by facilitating open dialogue
- Commit to a shared vision that encompasses justice and treatment efforts
- Routine monitoring, evaluation and client follow-up
- Provide specialized training for officers and other professionals
- Allocate sufficient, ongoing funding/resources
- Commit to long-term cooperation

The program models described below are coded using these shapes to identify the elements that they incorporate. These elements are also listed below each model.

This following section showcases policies and programs that incorporate elements which support an integrated approach to policing substance users, and have shown positive results in both client outcomes and in the efficient use of resources.

MODELS WHICH EXHIBIT A SIGNIFICANT LEVEL OF INTEGRATION

The two models below exhibit a significant level of integration between police and health/social services (between level 3 and 4 on the continuum):

Victoria Integrated Community Outreach Team (VICOT), Victoria, BC	**Contact:** Deputy Chief Constable John Ducker, Victoria Police Department

The Victoria Integrated Community Outreach Team (VICOT) was established in response to the 2007 Task Force in Victoria which examined the issues of homelessness and drug use/abuse, and the increasing costs of 911 calls, shelters, jails, and community clean-ups.

A VICOT team consists of: a police officer, a mental health support worker, a Vancouver Island Health Authority outreach worker, an assistance worker, a probation officer, a psychiatric nurse, a doctor of psychiatry, and administrative support. The team's goals include harm reduction, improved lifestyle and stability for clients, and reduced offending. VICOT units function in coordination with the local Victoria Integrated Court, established to address clients under the care of these teams. Any member of the team can refer a client to VICOT.

The protocol for sharing confidential client information across agencies was set out under the guidelines of an MOU. Internal evaluations show that the team continues to be very effective, with a police call for service reduction rate of approximately 50%

Incorporated elements:

Identify and define substance-related problems
Define roles and responsibilities and info sharing
Establish common ground through open dialogue

Shared vision that encompasses justice and treatment
Routine monitoring, evaluation and client follow-up
Allocate sufficient and ongoing funding/resources
Long term cooperation

Police and Crisis Team (PACT) - Edmonton Police Service (EPS) and Calgary Police Service (CPS)	**Contact:** S/Sgt. Darcy Strang, EPS; Sgt. Erin Patridge, CPS; Cheryl Gardner, Alberta Health Services

A 2003 British Columbia study found that 30% of mentally ill patients had police as the first point of contact in entering mental health services. Edmonton's PACT was created in 2004 to fill a need to assist people in mental illness crisis. This integrated team was composed of EPS members and Edmonton's Capital Health Mobile Mental Health Crisis Response Team. The CPS created their own PACT unit in 2009. CPS pairs a constable with a mental health professional from Alberta Health Services, who also work with a consulting psychiatrist, and operate as a secondary response to incidents where people experience a mental health, addiction, or psychological crisis and where they present a danger to themselves and/or others. In 2010, the R-PACT (Rural PACT) team was created to serve the metro Edmonton area, which also pairs an RCMP constable and a mental health professional.

Both EPS and CPS PACT operate under an MOU between partners, engaging in ongoing program evaluations and achieving a significant level of community integration. PACT team members identify their MOU as a key to success in that it sets out team roles and reinforces the importance of information-sharing, communication, and the pooling of community resources to facilitate continual care, reduce recidivism and promote successful reintegration. This may include addictions and mental health follow-up.

Both CPS and EPS have been consulted in the development of similar multi-agency agreements by communities within Alberta and Saskatchewan.

Incorporated elements:

Identify and define substance-related problems
Define roles and responsibilities and info sharing
Establish common ground through open dialogue
Shared vision that encompasses justice and treatment

Routine monitoring, evaluation and client follow-up
Provide specialized training for officers Allocate sufficient and ongoing funding/resources
Long-term cooperation

MODELS WHICH EXHIBIT SOME INTEGRATION

While less formally integrated, the models identified below highlight the successful implementation of certain key elements of an integrated model:

The Cape Breton Community Partnership on Drug Abuse	**Contact:** *Chief Peter McIsaac, Cape Breton Regional Police Service*

The partnership was formed in March 2004 in response to drug related deaths connected to oxycodone and other prescription drugs. In phase I of the strategy, social, health, and justice agencies collaborated to increase research and education on illicit oxycodone use.

It also sparked the development of various initiatives in Nova Scotia including the Prescription Drug Monitoring Program, education on the problems of oxycodone, and the development of a pain maintenance physician in the province to assist practitioners in making decisions relating to prescribing narcotic pain medication.

Although now disbanded, the initiative is a positive example of how different agencies can come together to tackle a large-scale and complex community problem.

Highlighted element: Identify and define substance-related problems in the community

Other incorporated elements:
Develop clear response policies
Define roles and responsibilities and info sharing

Establish common ground through open dialogue
Shared vision that encompasses justice and treatment
Provide specialized training for officers

Project Breakaway, Winnipeg MB	**Contact:** *Marcia Thomson, Manitoba Provincial Government*

This initiative coordinates a team which includes the Winnipeg police, health and social service providers to assist individuals, many with drug dependencies, in breaking away from the streets and moving on to healthier lifestyles by connecting them to community support services.

The Manitoba government funds a coordinator and outreach workers to work with Project Breakaway clients. Partnering agencies provide funding through their own budgets. By coordinating funds through shared funding responsibility among agencies, partners work together to maximize output. By linking street-involved individuals with community support services, program evaluations have indicated that the project has created efficiencies by reducing the number of calls to the police, fire and paramedic services.

Highlighted element: Allocate sufficient, ongoing funding/resources

Other incorporated elements:
Define roles and responsibilities and info sharing
Identify and define substance-related problems

Establish common ground through open dialogue
Shared vision that encompasses justice and treatment
Routine monitoring, evaluation, and client follow-up

Vancouver Coastal Health and Richmond RCMP	**Contact:** *Natalie McCarthy, Director of Mental Health and Addictions Unit*

As a response to a 2005 survey results which identified the way police approach health and substance users as an important community issue, the local RCMP detachment in Richmond created a position for a "health liaison officer" who received training by mental health professionals. The officer's primary role is cross-education through regular meetings with health officials and training of other officers.

Highlighted element: Provide specialized training for officers

Other incorporated elements:
Identify and define substance-related problems

Establish common ground through open dialogue

Hamilton Youth Drug Diversion Program

Contact: *Kim Gibson-Chalmers, Manager, Youth Service, John Howard Society of Hamilton, Burlington, & Area*

This drug diversion program was designed specifically for drug offending youth who are arrested by the police. With the help of local school boards and parents, partners organize collectively to design, develop, and operate the Hamilton Youth Drug Diversion Program and address the issue of youth drug use in the community. This collaborative approach across agencies aims to provide a multi-step plan for clients, including an evaluation and assessment to determine the most appropriate program level – (e.g. one-on-one therapy, sessions, educational day) with the goals of prevention, intervention and enforcement.

The partner agencies include Alternatives for Youth, City of Hamilton (culture and recreation – youth services), Hamilton Police Service, Good Shepherd Centre, and the John Howard Society.

Highlighted element: Establish common ground through facilitiating open dialogue

Other incorporated elements:
Identify and define substance-related problems
Develop clear response policies
Define roles and responsibilities and info sharing

Shared vision that encompasses justice and treatment
Routine monitoring, evaluation, and client follow-up
Long-term cooperation

Drug Interventions Programme (DIP)

For more information, refer to the DIP Operational Handbook

This initiative employed across England and Wales, UK is aimed at providing adult substance (mis)using offenders with drug treatment and support through cross-partnership between the criminal justice system, health, drug treatment services, and other supporting and rehabilitative services.

There are three elements to the DIP model which include: identification, assessment, and case management. In order to provide routine monitoring, evaluation and client follow-up, DIP's case management involves the creation and maintenance of a care plan, and the proactive management of clients and their diverse needs. A joint approach to service delivery encompasses housing support, assistance in developing support networks (families, crisis support, and peer support), and developing life skills towards employment.

Highlighted element: Routine monitoring, evaluation and client follow-up

Other incorporated elements:
Identify and define substance-related problems
Develop clear response policies
Define roles and responsibilities and info sharing

Establish common ground through open dialogue
Shared vision that encompasses justice and treatment
Allocate sufficient funding/resources
Long-term cooperation

Toronto Police Service (TPS) Mobile Crisis Intervention Team (MCIT)	***Contact:*** *Cst. Diana Korn-Hassani, TPS; Cst. Paul Rowe, TPS; S/Sgt Joanne Rudnick, TPS*

As a response to high-profile cases involving the TPS's approach to handling emotionally disturbed persons, including those with substance abuse issues, the TPS Mobile Crisis Intervention Team began as a grassroots project to address both the high number of calls about mental health crises and the potential for tragic outcomes.

By pairing a mental health nurse with a police officer, individuals are directed to services specifically dealing with their mental health and substance abuse issues without facing criminal sanctions that are sometimes inappropriate according to specific circumstances. The goal is to provide services to allow individuals to remain in the community if they do not commit a crime, do not pose a danger, and do not need to go to the hospital. There is recognition that a police philosophy, which may include viewing the use of illicit substances as a crime, may prevent cooperation or undermine the roles of agencies seeking to minimize harms.

Highlighted element: Commit to a shared vision that encompasses justice and treatment efforts

Other incorporated elements:

Identify and define substance-related problems	Establish common ground through open dialogue
Define roles and responsibilities and info sharing	Routine monitoring, evaluation, and client follow-up

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Mandatory Youth Drug Detoxification, Stabilization and Protection Policies	*For more information, refer to Saskatchewan's Youth Detoxification and Stabilization Act (YDDSA) and/or Alberta's Protection of Children Abusing Drugs Act (PChAD).*

This legislative response is a method of last resort for parents or guardians to assist drug addicted youth, aged 12-17, who are resistant to voluntary services. Involuntary detoxification and stabilization can be mandated by a judge for youth whose substance use/abuse has damaged their ability to make decisions, presenting a risk to their own safety and the safety of others.

Implementing the policy involves collaboration between the applicants, judges, police, physicians, addiction counsellors, youth representatives, and a review panel appointed by the minister. Similar legislation has been introduced in Alberta, Saskatchewan, and Manitoba.

Highlighted element: Develop clear response policies to various aspects of substance abuse

Other incorporated elements:

Identify and define substance-related problems	Establish common ground through open dialogue
Define roles and responsibilities and info sharing	Shared vision that encompasses justice and treatment
	Routine monitoring, evaluation, and client follow-up

(See also, the Vancouver Police Department's *Guidelines for Police Attending Illicit Drug Overdoses,* implemented in response to research which found that police presence at non-fatal overdose events may negatively impact witness response. Police now attend only upon request by emergency service personnel.)

*In defining roles and responsibilities and to clarify how information can be shared among agencies, a memorandum of understanding (MOU) between agencies is extremely useful, especially in providing clarity on key issues including information sharing. Refer to **Appendix A** for a sample template of an MOU, adapted from the MOU between the Calgary Police Service and Alberta Health Service for PACT.*

2.5 Elements of Effective Practice in First Nations Communities

Integrated substance abuse programs/models in First Nations (FN) and Aboriginal communities may adopt the general elements of integrated approaches to policing substance users outlined above, but may need to be adapted to account for the specific needs of the community. The following key elements should be considered:

- **LOCATION OF FIRST NATIONS AND ABORIGINAL COMMUNITIES** and the level of access to enforcement, health, and social services

- **ASSESS COMMUNITY NEEDS** (e.g. in-depth interviews which may provide insight into the history of the community, causes of substance abuse, prior responses, the scope of existing resources, etc)

  Research has shown that the addiction rate for First Nations communities is five times higher than the national average. In smaller communities, the effects are even more cumulative.

- **UNDERSTAND THAT IN SMALLER COMMUNITIES, SUBSTANCE USERS ARE STRONGLY IMPACTED BY THEIR LOCAL CONTEXT/HISTORY**

  For example, the community and/or the individual may be unwilling to acknowledge their social and historical context; substance users requiring support and the individuals providing the mechanisms of support are often related to each other.

- **EMPOWER ABORIGINAL COMMUNITIES TO ACTIVELY ENGAGE IN SERVICE PROVISION AND PROGRAMMING WITHIN THE COMMUNITY**

  A multi-agency approach may involve referrals to Aboriginal-specific treatment centers (such as the Eagle's Nest Recovery House in Nova Scotia and the Lone Eagle's Program in Big Cove, New Brunswick), which employ strong culturally based programs that assist members of the community on the "red road to recovery."

- **BUILD TRUST IN THE COMMUNITY**

- **INVOLVE ELDERS, WOMEN, AND COMMUNITY LEADERS**

- **ADOPT A HOLISTIC FRAMEWORK** (balance of the physical, emotional, spiritual, and mental aspects of life)

- **RESPECT ABORIGINAL CULTURE AND TRADITIONS**

MODELS WITHIN FIRST NATIONS COMMUNITIES WHICH EXHIBIT SOME INTEGRATION

The models below incorporate a number of elements of promising practices for policing substance users within First Nations communities:

Delta Police Department's community based policing service with the Tsawwassen First Nation Community	*Contact:* *Cst. Terry Sansregret, Delta Police Service; Jackie Armstrong, Tsawwassen First Nations Counsellor*

❖ ■ ◈ The Delta Police Department's community based initiative focuses on developing programs that directly relate to the problems in the community, often identified by an advisory board for the Tsawwassen First Nation community. Police engage in specific youth programs that break down the resistance/attitudes between community and enforcement, and foster a reconnection to their culture (e.g. through group Potlach sessions).

◈ ▣ Recently, the Client Specific Intervention Team, which involves the pairing of a police officer and a First Nations counsellor, has been used to provide, among other services, counselling services to individuals suffering from addiction. The counsellor incorporates her experience and expertise as a former Elder and Chief. Recognizing key issues including: the dense population of the community; the systemic issues of intergenerational substance abuse within families; the lack of recognition that individuals need to understand their problem to prevent recidivism; and the lack of specific approaches that deal with integration back into the community, police and social service providers found that individuals were not seeking out services, and devised a plan to approach individuals and families directly to reach individuals who are reluctant to seek help.

The team uses a referral mechanism to pair individuals with available support services that address the specific needs of the individual. This has a secondary effect of creating a support network to sustain behavioural change.

Incorporated elements:
Identify and define substance-related problems
Establish common ground through open dialogue

Shared vision that encompasses justice and treatment
Routine monitoring, evaluation and client follow-up
Long-term cooperation

Wetaskiwin/Hobbema RCMP Community Response Unit (CRU)	*Contact:* *Cpl. Martin Girard, Hobbema RCMP*

❖ ■ The CRU was established to address gang issues in the community, and involves collaboration among an RCMP officer, a family violence outreach worker, a family services worker, and two Aboriginal Elders, one female and one male. The Elders provide a positive link between the police and the community and helps to enhance culturally aware policing.

◈ As part of the Crime Reduction Strategy of the Maskwacis RCMP, communication is facilitated through monthly information meetings with participation from interested citizens and/or community stakeholders.

The CRU is funded by a Community Tripartite Agreement between the 4 Nations of Maskwacis and the federal and provincial Governments. A community consultative group, in this case the Maskwacis Group (MCG), works in conjunction with the CRU and RCMP management.

Incorporated elements:
Identify and define substance-related problems

Establish common ground through open dialogue
Shared vision that encompasses justice and treatment

Appendix A:
Memorandum of Understanding Template

Adapted from the Memorandum of Understanding between Alberta Health Services and Calgary Police Service, Calgary Police and Crisis Team (PACT)

NAME OF PROGRAM
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU"), made in duplicate and entered into this _____ day of *month* *year*

BETWEEN:
   NAME OF POLICING DEPARTMENT
   (hereinafter referred to as "_____")

And
   NAME OF AGENCY
   (hereinafter referred to as "_____")

   (collectively referred to as the "Partners")

WHEREAS the *name of program* is a partnership between *name of policing department* and *name of agency*, who mandate is insert mandate of program.

AND WHEREAS *name of program* will respond to insert service delivery method to address person, property and/or social disorder offences committed by *insert target group*.

AND WHEREAS the intent of this working partnership is to divert these individuals away from the criminal justice system and hospital emergency departments into treatment and services to address the underlying cause of their offending behaviour;

AND WHEREAS it is the intent of the partners that this MOU will govern the operations of name of program and address the collection, use and disclosure of relevant information in the possession of the Partners that may be required to diagnose, treat and refer these individuals to community resources;

NOW THEREFORE THE PARTNERS TO THIS MOU AGREE WITH EACH OTHER AS FOLLOWS:

1.   **DEFINITIONS**

2.   **TERM AND TERMINATION**
   2.1 The term of this MOU shall, subject to earlier termination, be for ____ years, commencing on *Month day, year* and ending on *Month day, year*. Prior to the termination of this MOU, the Partners will formally reviewthe MOU and may, at either Partner's instigation, renew the MOU for an additional undetermined term. The Partners will informally review this MOU annually before *Month, year* of each subsequent year of the Term.

   2.2 Notwithstanding any other provision in this MOU, either Partner may terminate this MOU in the event that the other Partner has breached any provision of this MOU.

   2.3 Either Partner may terminate this MOU at any time for any reason upon providing the other Partner with ninety (90) days' written notice.

3.   **OPERATIONAL MODEL AND ORGANIZATION**
   3.1 The *name of program* operational and organization model is *descriptor of organization, committee(s)*.

3.2 Members will be accountable for the provision of guidance and support for the successful development, implementation, and evaluation of this initiative, including:

(a) Approval of *name of program* work plans;

(b) Determination of appropriate solutions as implementation and program issues arise;

(c) Approval of the budget , any resource re-allocations and financial reports;

(d) Approval of the communication plan, ensuring the partnership is acknowledged in all communications;

(e) Approval of the evaluation framework including review of progress reports;

(f) Creation of a Memorandum of Understanding outlining the various roles and responsibilities of each organization included there in an information sharing agreement regarding the sharing of type of information pertinent to *name of program* and access to databases for this purpose.

3.3 *Agreed upon terms of reporting*

3.4 *Agreed upon terms of meetings*

3.5 Decisions will be made by way of consensus, should there be an impasse during the decision making process, a vote shall be taken by the assigned members of the committee.

4. **GOALS AND OBJECTIVES**

4.1 **Goal**: To increase the ability of the *name of policing department* and *name of agency* to respond to individuals experiencing *target individuals* in an appropriate, comprehensive manner.

Objectives:

a) To provide *name of program* personnel with in-service and field training that includes a treatment-based philosophy in conjunction with an enforcement-based response.

b) To determine the effectiveness of partnering policing department with agency.

4.2 **Goal**: To target care to individuals who are in crisis who have received Emergency and police services on a repeat basis, often with behaviours that pose a threat to public safety.

Objectives:

a) To identify individuals who require *name of program* interventions.

b) To record all diversions from arrest, incarceration and admission to hospital for individuals who *target population*.

c) To reduce the number of repeat calls for service to the same individuals in the *name of program* target group.

4.3 **Goal**: To streamline access for *name of program* clients to community resources

Objectives:

a) To create working partnerships with inter-disciplinary community agencies that are able to provide multi-lateral services to *name of program* clients.

b) To contribute to a coordinated, multi-service, case management strategy for *name of program* clients.

5. **ROLES AND RESPONSIBILITIES**

5.1 The *name of program* is a joint undertaking of the *name of policing department* and *name of agency* with a mandate to *insert mandate (include structure of program)*

5.2 As part of *name of program*, the *name of policing department*, pursuant to its duties, responsibilities and powers under the *governing police act/legislation in the region* and *name of governing mental health act/legislation in region* investigate matters involving a *type of crisis* with a goal that name of program clients will receive intervention services in a safe manner to themselves and all others.

5.3 The responsibilities of *name of policing department* include:

5.4 The responsibilities of *name of agency* include:

6. **FINANCIAL AND DELIVERABLES**

6.1 The partners agree to comply with the *length of term* Budget for the Term, attached hereto as Appendix __, and the Project deliverables, attached hereto as Appendix __.

6.2 Except as otherwise provided in this MOU, each Partner shall bear its own costs in respect of its participation in the *name of program*, including costs with respect to this MOU.

7. **LIABILITY AND INDEMNIFICATION**

7.1 *Name of agency* agrees to indemnify and save harmless the players and all of their respective employees, contractors, members, agents and assigns of and from all manner of actions, causes of action, proceedings, claims, demands, losses, costs, damages and expenses of whatsoever nature and kind which may be brought or made with respect to or that may arise out of anything that was done or omitted to be done by *name of agency*, where *name of agency* is found legally responsible, pursuant to this agreement, or as a result of the negligence or wilful misconduct of *name of agency* or its employees.

7.2 The *name of policing department [Ibid].*

7.3 Paragraphs 7.1 and 7.2 shall survive the termination of this agreement.

8. **CONFIDENTIALITY**

8.1 All confidential information to be dealt with in accordance with the Information Sharing Agreement (can be attached hereto if used). Individuals who agree to engage in *name of program* shall execute consent (can be in the form of a consent form, to be attached as well).

9. **CONFIDENTIALITY**

9.1 **Binding Effect**. This MOU is not binding except for Articles _____.

9.2 **Notices**. Any correspondence, request or notice to be given or made pursuant to this MOU shall be made in writing and addressed to the Partners as follows:

9.3 **Disputes.** In the event of a dispute arising from the interpretation or operation of this MOU, the matter will firstly be referred to *program committee, if applicable*.

9.4 **Amendments**. This MOU may be amended by the written agreement of the Partners herein provide all amendments comply with all Provincial Legislation.

9.5 **Other Changes**. The Partners undertake to give one another written notice of any changes in legislation, regulations or policies respecting those Partners and programs that are likely to affect this MOU.

9.6 **Nature of Relationship**. The Partners acknowledge and agree that this MOU is not and is not intended to create a relationship of employment, agency or partnership between the Partners for the purposes of applicable law. Nothing contained in this MOU shall be construed to create any business or other arrangement or legal relationship between the Partners extending beyond the scope of the *name of program*. Except as specifically provided in this MOU, nothing in this MOU shall be construed to authorize any Partner to act as agent of any other Partner.

IN WITNESS WHEREOF this MOU has been executed by the duly authorized officers of the Parties on the day and year first above set forth:

Name of policing department   *Name of agency*

_____   _____

Contact Information

**Police and Crisis Team (PACT) -
Edmonton Police Service (EPS) and Calgary Police Service (CPS)**

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The Cape Breton Community Partnership on Drug Abuse

Chief Peter McIsaac, Cape Breton Regional Police Service
Peter.McIsaac@cbrps.ca

Mandatory Youth Drug Detoxification, Stabilization and Protection Policies

Saskatchewan's Youth Detoxification and Stabilization Act (YDDSA)
http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/Y1-1.pdf

Alberta's Protection of Children Abusing Drugs Act (PChAD)
http://www.qp.alberta.ca/documents/Acts/P27P5.pdf

Hamilton Youth Drug Diversion Program

Kim Gibson-Chalmers, Manager, Youth Service
kchalmers@jhshamilton.on.ca

Toronto Police Service (TPS) Mobile Crisis Intervention Team (MCIT)

Cst. Diana Korn-Hassani, TPS
diana.korn-hassani@torontopolice.on.ca

Cst. Paul Rowe, TPS
paul.rowe@torontopolice.on.ca

Drug Interventions Programme (DIP)

DIP Operational Handbook
http://www.nta.nhs.uk/uploads/dip_operational_handbook.pdf

Delta Police Department's community based policing service with the Tsawwassen First Nation Community

Cst. Terry Sansregret, Delta Police Service
tsansregret@deltapolice.ca

Wetaskiwin/Hobbema RCMP Community Response Unit (CRU)

Cpl. Martin Girard, Hobbema RCMP
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