



# Developing an innovative crisis service model

for people experiencing crises  
related to substance use:  
a collaborative approach

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# This Presentation:

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1. Overview of Toronto Drug Strategy
2. About the Crisis Model Working Group
3. Summary of research findings
4. Draft crisis service model
5. Contact info



# Toronto Drug Strategy (TDS)

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- City Council adopted strategy
  - 68 recommendations for action
    - ⇒ Based in consultation, research → evidence
    - ⇒ Balance public health/ public order concerns
    - ⇒ Comprehensive approach, ‘4 pillars’
    - ⇒ Sets priorities, guides actions, promotes collaboration
- Collaborative implementation
  - TDS Implementation Panel, Working Groups

# Crisis Model Working Group (CMWG)

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- Mandate - Implement TDS Rec. 27:
  - ➔ Develop 24-hour service model for people experiencing crises related to substance use
- Terms of Reference
- Chaired by community member
- Staff acted as resource, facilitator
- Met regularly over two years



# CMWG Challenges

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- CMWG group membership fluctuated over two years
  - Some sectors difficulty participating, e.g. emergency ambulance services (EMS)
- No funding
  - Research project
  - Cost analysis
  - Crisis service



# Defining 'Crisis'

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- 'Crisis' may include distress (mental and/or physical), paranoia, aggressive and/or violent behaviour, self-harm, suicidal thoughts, etc.



# CMWG Activities

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- Targeted specific info for discussion, e.g. crisis services in other cities
  - Subcommittees plus external meetings
- Major research: Needs Assessment developed, directed, conducted by CMWG:
  - Surveys of regular alcohol/drug users (140)
  - Surveys of service providers (334)
  - Current service ‘inventory’
  - Literature review



# Research Findings: Crisis Model

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- 24-hour place for people to stabilize, with assessment and monitoring
  - Crisis phone line
  - Beds available
- Non-medical model with health supports (medical and mental health)
- Staff attitude, knowledge, approach are vital
  - Non-judgmental, calm approach; ‘like a drop-in’
  - Staff includes people with lived experience



# Research Findings: Crisis Model

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- Staff provide guidance, referrals & service access, help with 'path' through systems
- Formal service links and partnerships, including:
  - Withdrawal management services at time of crisis
  - Aftercare options



# Research Findings: Systems

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- Current system limitations when people are high/ intoxicated include:
  - Crisis services, shelters, withdrawal management
- Need to improve knowledge across all sectors about how to work with people
  - Withdrawal management helpful/expertise
- Crisis service would benefit clients and service providers
  - Appropriate interventions can reduce burden on other services, reduce system costs



# Draft Model: Mandate

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- Research findings informed draft service model
- Stabilization and monitoring for people who are:
  - Actively intoxicated and in crisis, or
  - Active alcohol or other drug users in crisis
- Priority: People who may have difficulty using services because of substance use and/or mental health problems, behaviour or communication issues



# Draft Model: Outline

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- Lead agency is service manager
- Service partnerships – onsite, discharge
- Non-judgmental approach to service
- Expertise re: crisis intervention and de-escalation, substance use & mental health...
- High staff-client ratio, two roles:
  - Health services (medical, mental health)
  - Intake/support staff: multiple roles from initial call to discharge

# Draft Crisis Service Model

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## 1) Call from service provider or person in crisis

### 2a) Resolve crisis on phone



### 2b) If eligible, admit to program for stabilization:

- Counselling, stabilization
- Case coordination if appropriate

- Counselling
- Rest/ 'chill out' area
- Bed
- Medical/ mental health assistance
- Basic needs – Food, shower
- Case coordination

## 3) Discharge: referrals, follow-up?



# Next Steps

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- Form new Crisis Service Steering Committee to direct and oversee implementation
- Research: Cost analysis
- Full report on Needs Assessment
- Introduce model, receive input:
  - Community members
  - Various sectors, e.g. medical services
- Seek funding and resources
- Build partnerships

# Contact

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