

RCMP-GRC



ROYAL CANADIAN MOUNTED POLICE • GENDARMERIE ROYALE DU CANADA

Community Action Response Team (CART) Halifax District (Pilot)

Sergeant Deepak Prasad
NCO i/c Community Policing & Victim Services Unit

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Unclassified



Royal Canadian Mounted Police
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Agenda

- Purpose
- Policing Mandate
- Referral Process
- Privacy
- Assessment
- Triage Process
- Case Study 1 & 2
- Measurements



Purpose

Halifax District's Community Policing program addresses the core mandate of providing community policing services to schools, youths, and the community at large. As society has evolved, so have the calls for service and the needs of the community. Community policing programs must also evolve to become more client-centric and take a strategic approach to effectively address client needs. In response to this evolution, Halifax District Community Policing has adjusted their resources and expanded their mandate for an 18-month pilot project titled the Community Action Response Team (CART).



Policing Mandate – Persons & Places

Persons

- Youth and adults with chronic police engagement
- Individuals suffering from mental health struggles
- Displaced individuals

Places

- Schools
- Displaced individual encampments
- High or repeat calls for service locations, COMSTAT identified places or trending patterns



Policing Mandate – Patterns & Problems

Patterns

- Youth crime and school related trending crimes (human trafficking, drugs, intimate images, cyberbullying)
- Property crime
- Drug related crime
- Trending crime

Problems

- Complex investigations within the public school system
- Compliance of court related conditions
- Substance abuse problems



Referral Process

- To ensure effective assistance to CART's Client Relationship Management (CRM) clients, a triage system with a formal structure has been developed. From the initial referral, through to triage and file conclusion, the process map ensures consistency in service delivery, as well as a baseline for metrics and measures of success to recognize the teams human resource capacity.
- Referrals can be received via the general duty watch, COMSTAT, other government agencies, and non-for-profit organizations.



Privacy

The Client Relationship Management program is voluntarily and trauma-informed. When a client engages with CART, their privacy is critical. We are currently under development on a consent form that will allow us to share information with stakeholders.



Assessment

- Number of calls for service in designated period of time;
- Occurrence type (property/persons), repetition, nexus to mental health;
- What options have already been explored, was there any success?;
- Criminal history: Is a restorative approach possible?;
- Current state of mind of client, voluntary engagement is required;
- Residency – HRP/RCMP area of jurisdiction
- Age
- Background, initial identification of issue leading to unwanted behaviour; &
- Is there potential for escalating violence, does it involve intimate partner violence?



Triage – Tier 1

- Fear of bodily harm to self or others, via criminal behaviour or mental health concerns;
- Escalation of repeated incidents with criminal offence;
- A senior at high risk for abuse or criminal behaviour;
- Youth without adequate supervision and escalating criminal offences over short period of time;
- Youth, whom are considered “high-risk” as per the Nunn Inquiry (2005).



Triage – Tier 2 & 3

TIER 2:

- Ongoing similar calls with a criminal offence element over recent month;
- Mental health concerns with no evidence of self-harm;
- Client has yet to be provided guidance on resources.

TIER 3:

- Client is repeatedly contacting police for non-criminal matters;
- CRM client that is on a more positive path and has progressed from the Tier 1 or Tier 2 stage.



Case Study – Client 1

Veteran:

- Referral from the Watch for repeated calls.
- CART Engagement: building a relationship and rapport:
 - Identified struggles with alcohol and mental health;
- CART Navigation & Advocacy: With consent connect with support organizations:
 - Veterans Affairs Canada and veterans support groups; &
 - Connection with out of Province resource to obtain support.
- CART Transition: Returned home, monitoring, then disengagement at client's request



Case Study – Client 2

Young Person (under the age of 12):

- Referral from the Watch for repeated calls for service and “at-risk” youth;
- Several calls of service, involving violence and assault;
- CART Engagement: Watch members were concerned that behaviour would become criminal in nature when the young person turns 12. Also concerned that an involved party would become injured during an altercation; &
- CART Navigation and Advocacy: Advocacy with care facility and Child Protection. Child was transferred to a facility that could better respond to the needs of the young person.
- CART Transition: None



Matrix to measure outcome

Veteran:

- Number of files prior to CART engagement: 64
- Number of files during CART engagement: 5
- Number of files after CART engagement: 19

Young Person:

- Number of files prior to CART engagement: 15
- Number of files during CART engagement: 20
- Number of files after CART engagement: 0



What do we measure?

1. Referral Count:
 1. Number of Referrals;
 2. Referrals Accepted; &
 3. Referrals not accepted or not in mandate.
2. Client Relationship Management:
 1. Prior Number of calls for service; &
 2. Calls for service after engagement
3. School Involvement:
 1. School Zone Traffic;
 2. Presentations (based on trending issues); &
 3. Foot patrols.



Future

- While the CART program is currently focusing on mental health and non-criminal matters, it is not a mobile mental health program;
- As we move forward in this journey, the ultimate goal would be for the CRM program to be assigned to an organization that is well-suited to serve the needs of the clients. CART would always have involvement, but the primary agency maybe another stakeholder (for example SchoolsPlus)
- As we strengthen our program, we are committed to working with the HRM Public Safety Office to ensure we are in-line with the Public Safety Strategy.

