THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by

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2013 Churchill Fellow

To identify successful methodologies that provide alternatives to incarcerating intoxicated persons in police watch houses.

Travel to selected locations in the USA and Canada where large Indigenous populations experience similar alcohol abuse problems to those prevalent in the Northern Territory. Examine jurisdictional approaches to the protective custody of intoxicated individuals and identify synergies shared by law enforcement and health organisations to address duty of care obligations. Identify and consider models focused on rehabilitation of recidivist alcoholics and keeping individuals out of police lock ups. Take into account cultural requirements and program funding models and identify opportunities for innovative involvement of Non-Government Agencies.

Wayne Harris
31st March 2015

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ACKNOWLEDGEMENTS

I wish to thank the Winston Churchill Memorial Trust for affording me the life changing opportunity to travel overseas for the specific purpose of study and research into a complex and difficult policing and societal issue that greatly impacts upon the community as a whole.

The Churchill Fellowship provided me with the opportunity and authority to travel to a number of overseas locations where I was able to imbed myself into the day to day operational activities of different law enforcement agencies both in the United States and Canada.

I was able to meet with and learn from, a widely disparate group of law enforcement officers, Indigenous and first nation representatives, health professionals, welfare providers and academics.

I was often overwhelmed by the courtesy and professional respect I was shown and greatly appreciate the time and effort a wide range of people and organisations were prepared to dedicate to facilitating and assisting my research. The Fellowship has allowed me to develop a number of lifelong friendships and professional networks internationally that can assist with further research in the future.

The Churchill Fellowship study tour has caused me to stop and reflect on my purpose and to reinforce my personal goals while ensuring the research I have undertaken does not stop there. I am passionate to see the learnings applied in the Northern Territory setting in a practical sense with real potential to benefit the broader community.

I am very committed to sharing the results of my research and highlighting the fantastic opportunities the Churchill Trust can provide individuals and communities.

EXECUTIVE SUMMARY

I undertook to commit to the research and study tour with the specific aim of identifying, observing, learning and understanding programs, processes and models in the United States and Canada that provided alternatives to the quick fix "out of sight, out of mind" approach incorporated into the current practice of simply placing intoxicated individuals who have not committed a crime into the punitive environment associated with police lock ups.

Australian Bureau of Statistics (2014) data shows the Indigenous population of the Northern Territory to be 71,111 or 30% of the total population.

The table below provides a breakdown of the numbers of Northern Territory persons taken into protective custody from the years 2007-08 to 2013-14. In the 2013-14 financial year, a total of 13,248 persons were taken into protective custody of which 11,868 or 89.58% of the total were Indigenous.

NT Persons Taken Into Police Protective Custody

Indigenous				Non-Indigenous			Unknown			TOTAL
Gender	Female	Male	Total	Female	Male	Total	Female	Male	Total	
2007-08	8,474	18,742	27,216	167	1,756	1,923	1	4	5	8,642
	20,502	29,144								
2008-09	10,143	23,124	33,267	186	1,939	2,125	0	5	5	10,329
	25,068	35,397								
2009-10	10,601	23,224	33,825	156	1,857	2,013	17	17	34	10,774
	25,098	35,872								
2010-11	5,892	13,281	19,173	104	1,061	1,165	3	13	16	5,999
	14,355	20,354								
2011-12	5,578	12,175	17,753	100	1,015	1,115	564	541	1,105	6,242
	13,731	19,973								
2012-13	3,825	8,312	12,137	65	939	1,004	400	450	850	4,290
	9,701	13,991								
2013-14	4,019	7,849	11,868	70	665	735	295	350	645	4,384
	8,864	13,248								

Notes: These figures represent Police watch house protective custody episodes only and do not include people taken to sobering up shelters, taken home or left in the care of a responsible person.

Significant Police resources in the Northern Territory are dedicated to providing for and ensuring the wellbeing of the Indigenous population with high levels of unemployment, chronic poor health, drug and alcohol abuse.

In the USA and Canada I targeted locations where both large Indigenous and non-indigenous populations experienced similar lower socio-economic status issues to those prevalent in the Northern Territory. I was able to examine the different jurisdictional approaches to the protective custody of people incapacitated by alcohol or drugs and identify synergies shared between law enforcement and other government and non- government agencies.

I engaged with a wide range of professionals in law enforcement, health and welfare, along with, charitable and volunteer organisations. Through meetings, hands-on experiences and observations I gained knowledge and understanding a wide variety of service delivery models with a particular focus on programs targeting rehabilitation of recidivist alcoholics and keeping individuals out of police lock ups. I was particularly interested in how different agencies took into account cultural requirements and program funding models and identifying opportunities for the innovative involvement of Non-Government Agencies.

The Churchill Fellowship study tour has confirmed and reinforced that in order to successfully implement a model that will change the paradigm, the following must occur:

- The public as a whole must be educated and engaged ensuring buy in, robust support within the community and a sense of ownership for the outcomes.
- Clear-cut communication and education of all key stakeholders to ensure completely unambiguous understanding of the model's structure, processes and targeted outcomes.
- Explicit, concise, dedicated and informed intelligence gathered on the target group demographics.
- Ensuring energies are focused on the under-lying problems and causal factors that are systemic rather than simply addressing the symptoms.
- An integrated, cross-ministerial, cross-government, cross-jurisdictional approach that is based on partnerships, cooperation and coordination.
- Infrastructure and procedures are not set up in such a way that funnels vulnerable and low-income people into a particular area or neighbourhood.
- Proactive, preventative, drug and alcohol education programs targeting youth are implemented and embedded into the overarching model.
- Robust and effective restrictions on the sale and supply of alcohol to vulnerable people are implemented and enforced.

BACKGROUND

The impetus to undertake this study tour and seek to find alternatives to the incarceration of intoxicated persons in Police Watch Houses arose out of my role as the Superintendent responsible for Custody issues and as the Acting Commander responsible for over-sighting the role throughout the Northern Territory.

In particular, the findings handed down on the 17th September 2012, by the Northern Territory Coroner Mr Greg Cavenagh on the inquest into the death of Terrance "Kwementyaye" Daniel Briscoe was a catalyst for my desire to find an alternative model to the one currently operating.

Briscoe, an Indigenous man, was 27 years of age when he died on 4 January 2012, alone in a cell in the Alice Springs Watch House.

At the time of his death, Kwementyaye was being detained in the Alice Springs Watch House pursuant to S128 of the Police Administration Act ("the PAA"). He had committed no crime but was thought to be so intoxicated that he fulfilled the criteria for protective custody.

It was found that the cause of death was the combined effects of acute alcohol intoxication, positional asphyxia and aspiration, which ultimately obstructed the airways and led *to death.*

The Coroner was particularly scathing of the Police actions on the night stating: "That the care, supervision and treatment of the deceased while being held in custody by the NT Police was completely inadequate and unsatisfactory and not sufficient to meet his medical needs. This lack of care resulted in his death, that is to say, this death was preventable and it should not have occurred."

"It was abundantly clear that there were multiple failings on the part of individual police officers and senior management and as a consequence up to ten police officers were formally disciplined over errors and failures in relation to the deceased on the night of his death."

In commenting on Mr Briscoe's life and background the Coroner highlighted that: *"Kwementyaye Briscoe is but one of many young men whose ambitions, education and health were eroded by alcohol abuse. At the age of 27, he had already begun to show the signs of chronic disease. At autopsy there was evidence of coronary atherosclerosis or hardening of the arteries. He had clearly been binge drinking for around a decade, and alcohol had been involved in each of the adult offences he committed."*

"The shocking statistics of chronic ill health and early death in Aboriginal men and women in Australia and in the Northern Territory in particular, have received national and international attention. I received into evidence an affidavit from Dr Christine Connors, a Public Health Physician and General Practitioner who is currently the Chronic Conditions Strategy Unit Program Leader with the Department of Health. The statistics she provided show that Central Australia has the highest rates of chronic disease amongst Aboriginal people in the NT. The prevalence rates of diabetes, renal disease and cardiac disease are higher in the Aboriginal population, and they affect individuals at an earlier age."

Despite strongly condemning actions by Police on the night of Mr Briscoe's death the Coroner also acknowledged the difficulties Police are faced with dealing with the impacts of access to alcohol and its abuse stating: *"A long term solution to excess alcohol consumption in Alice Springs requires greater cooperation amongst stakeholders (including outlets that sell alcohol) to tackle demand and supply. The NT Police Force shoulders a huge burden from alcohol sales. They cannot be expected to tackle the social problems that result, in the absence of further initiatives to stop the flow of alcohol in the community."*

Between 1979 and 2011, there have been 32 deaths in custody in the Northern Territory, 24 of which were Indigenous people. I have not been able to ascertain the exact figures but not all of the deaths occurred in Police cells and not all of them relate to protective custody.

Every night throughout the Northern Territory, Police continue to take into protective custody dozens of men and women primarily of Indigenous descent and place them in watch houses and cells The main Police watch houses are now highly regulated, resource intensive and expensive to operate facilities focused primarily on the care of individuals placed in protective custody. Watch Houses are operated by dedicated full time staff including watch house keepers, observers and nurses. A dedicated Custody Superintendents position has been created and is responsible for oversighting all custodial issues throughout the Northern Territory along with Custody Manager's positions at the Senior Sergeant level in both Darwin and Alice Springs.

I have 34 years policing experience throughout the Northern Territory. I fully understand the difficulties Police face in dealing with people who are so incapacitated by alcohol that they are unable to care for themselves. Without in any way attempting to justify the actions or lack thereof by Police management and individual officers in the death of Mr Briscoe the question has to be asked. Given that Mr Briscoe was well known to Police and welfare agencies, had a significant history of alcohol abuse and was demonstrating many of the symptoms associated with that abuse and at the time of apprehension had not committed an offence, what was he doing incarcerated in a Police facility?

Why is it that in an affluent, modern, first world economy such as Australia accepts as a matter of course that every night a significant cross section of the most disadvantaged social group in the community are held, often against their will in Police lockups. This reality cannot by any definition be considered to be morally just, the austere, bleak and depressingly punitive environment associated with these facilities is not the type of place any vulnerable person should be placed in order to provide protection.

The primary role of Police is to uphold and enforce the law. However given they are out on the streets at all hours dealing with these individuals as part of their duties it is acknowledged that they will always be involved in and cannot be removed from the process. Despite this I submit that Police should not be burdened with the additional responsibilities for providing shelter, welfare, health and rehabilitation services for what in effect is a complex social ailment

NORTHERN TERRITORY CONTEXT

Protective Custody

Northern Territory Police utilise powers under section 128 of the *Northern Territory Police Administration Act*, to take persons into custody and where necessary place then in police cells for the purpose of providing protection. Specifically section 128 of the Act states:

A member may, without warrant, apprehend a person and take the person into custody if the member has reasonable grounds for believing:

(a) the person is intoxicated; and

(b) the person is in a public place or trespassing on private property; and

(c) because of the person's intoxication, the person:

  (i) is unable to adequately care for himself or herself and it is not practicable at that time for the person to be cared for by someone else; or

  (ii) may cause harm to himself or herself or someone else; or

  (iii) may intimidate, alarm or cause substantial annoyance to people; or

  (iv) is likely to commit an offence.

This power has been utilised by police for a number of decades now and in years past was seen as a "quick fix" to clear the streets of drunks thus ensuring a decrease in associated anti-social and criminal activity.

The care of individuals held under section 128 PAA has evolved exponentially in recent years, as highlighted in NT Police General Orders or what is commonly referred to as "The Custody Manual"

The Custody Manual in addressing staff articulates *"The Custody Manual provides our processes and procedures around the management of people in our custody. It is a high risk area for us and we need to mitigate this risk where possible through alert professional and committed policing activities"*

Dedicated Custody Sergeants/ Watch House Keepers are rostered on every shift at Darwin, Alice Springs and Katherine and are responsible for ensuring a high level of constant supervision. At Tenant Creek and smaller stations the senior member on duty is designated the Watch House Keeper.

Darwin and Alice Springs now have full time nurses stationed in watch houses with part time nurses working in Katherine and Tenant Creek.

The definition of "Risk" under the manual means a person in custody who is known to be, deemed to be or suspected to be at risk of causing them harm or of coming to harm while in custody. All persons taken into protective custody must be treated as "at risk". Cell checks of prisoners who are deemed persons "at risk" must be conducted a minimum of every 15 minutes.

Alcohol Protection Orders

In 2013 the Northern Territory Government introduced the Alcohol Protection Orders Bill. That now allows Police to issue an Alcohol Protection Order (APO) to a person who:

1. is charged with an offence punishable by six months' imprisonment or more (a qualifying offence); and
2. where a belief exists that he/she was affected by alcohol at the time of the offence's commission.

An APO prevents a person from:

1. possessing alcohol;
2. consuming alcohol; and
3. entering or being in licensed premises, except for the purposes of employment or residence.

It is an offence to engage in conduct that breaches an APO. It is a defence if the person charged supplies a reasonable excuse. It is an offence to knowingly and intentionally supply alcohol to an adult, knowing that the person is subject to an APO.

The penalty for breaching the conditions of an APO, or knowingly supplying alcohol to someone subject to an APO is a fine of 25 penalty units ($3,600) and/or three months' imprisonment.

An APO is initially issued for a period of three months. Breaching that APO or committing another qualifying offence within 12 months of that order finishing may result in the issue of another APO of six months' duration, and breaching the six-month APO or committing another qualifying offence within 12 months of the end of the six-month APO may result in the issue of another APO that will be in force for twelve months.

If Police reasonably believe that a person is the subject of an Alcohol Protection Order, and that they may have consumed alcohol or have it in their possession, Police can:

1. Stop and detain that person;
2. Administer a breath test; and
3. Search the person and anything in their possession.

If the person refuses a breath test in these circumstances, it is an offence and they may be arrested. If they are in possession of alcohol, Police Officers can seize it, and/or destroy it.

If a person has been issued an APO, Police can give a licensee, or a person in charge of licensed premises that person’s name and photograph, and inform them that individual is subject to an APO. This information will also include the end date of the APO.

Alcohol Mandatory Treatment Program

Roll out of an alcohol mandatory treatment program commenced on 1 July 2013. Adults who are taken into Police protective custody three or more times within two months for being intoxicated in public are now referred to this program. Each person is clinically assessed and an independent tribunal decides on the best treatment regime.

This may include treatment for up to three months in a secure residential treatment facility, treatment in a community residential treatment facility or other form of community management (including income management).

The Alcohol Mandatory Treatment Program has been designed as a harm reduction strategy focused on getting help to some of the most chronic abusers of alcohol in the community. Its intention is to get support and services directly to those who are known to be at risk to themselves or others.

Clients subject to alcohol mandatory treatment are the chronic drinkers with a health problem. They are not placed in treatment because they have committed a criminal or violent offence. The people who misuse alcohol and commit such crimes continue to be dealt with through the criminal justice system and are not treated at secure or community treatment facilities.

During their treatment clients can receive a range of development programs, including life skills and work readiness programs. The program stipulates that each client has an individual treatment plan and treatment may include participation in therapeutic community programs, cognitive based therapy, life and work skills programs, motivational enhancement, and development of alternative stress management and coping strategies. On completion of their treatment, an aftercare plan is also developed for each client. This will consider issues relating to the person's ongoing treatment, general health, accommodation and employment. Aftercare case workers are also assigned to support and follow up with the client when they return to the community.

Secure treatment options are provided at the Medi-Hotel/Royal Darwin Hospital Short Term Accommodation Facility, the Nhulunbuy Special Care Centre and Central Australia Aboriginal Alcohol Program Unit in Alice Springs. Other treatment services in the NT are used when necessary to cater for clients where secure residential treatment is not warranted or available. It has also been articulated that the government intends that new secure assessment and residential treatment services will be available in Darwin, Katherine, Tennant Creek and Alice Springs, with an expansion of other services.

The focus of the program is described as being on reform and supporting the development and enhancement of treatment services across the Northern Territory. Therefore the approach is intended to result in improved service quality and increased capacity for existing alcohol and other drug treatment services, as well as delivering new mandatory treatment services. This should then provide a range of options to respond to the complexity of alcohol related harm in the Northern Territory.

Sobering Up Shelters

Darwin and Katherine have one sobering up shelter in each community run by Mission Australia. Darwin has a 32-bed facility and Katherine provides 18 beds with both locations funded by the NT Department of Health. The facilities provide short-term, non-custodial, safe shelter for intoxicated people over the age of 18.

The shelters provide overnight accommodation to people under the influence of alcohol or other drugs who have been delivered to the shelter by the Northern Territory Police or the community Night Patrol service. No self-admissions are accepted; however shelter staff will refer people to other services that may be able to assist them.

The Shelters use a range of approaches to help people with drug and alcohol abuse issues, including brief interventions and referrals to rehabilitation and medical services.

Tennant Creek has a 16 bed Sobering up Shelter run by the Barkly Region Alcohol and Drug Abuse Advisory Group Inc. (BRADAAG). BRADAAG was established in 1982 as a community based group to address Alcohol & Other Drug issues in the Tennant Creek and greater Barkly region. During the last thirty years BRADAAG has experienced significant growth in their services and facilities.

BRADAAG has also developed a Residential Rehabilitation Program with 20-beds spread across six houses. Alcohol & Other Drugs education and support is also offered to families and individuals in the township of Tennant Creek and surrounding communities through the Transitional Aftercare and Outreach Service.

The Drug and Alcohol Services Association (DASA) through funding from the NT Department of Health provides a 30 Bed Sobering up Shelter in Alice Springs. Funding also includes other alcohol and drug services in Alice Springs, including rehabilitation beds, community withdrawal and counselling services. All shelters are only run on a part time basis, generally from Tuesday to Sunday 4pm to 8am.

Drug and Alcohol Support Services

The following list identifies names of drug and alcohol support services that exist throughout the Northern Territory and provides some context to the scope of services available: Tobacco Alcohol and Other Drug Services (TADS), Amity Community Services, Banyan House, Catholic Care NT, Council for Aboriginal Alcohol Program Services, (CAAPS), Employee Assistance Service Australia, FORWAARD, Northern Territory AIDS Hepatitis Council (NTAHC), Salvation Army Drug and Alcohol Services, Alcohol and Other Drug Services Central Australia, (ADSCA), Bushmob, Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU), Central Australian Aboriginal Congress, Holyoake Alice Springs Inc. and Tangentyere Council.

Clearly the Northern Territory Government has and continues to commit significant resourcing towards providing these services. Despite this effort and the good intentions, the systems and structures in place are primarily punitive in nature and predicated on police taking people into custody primarily against their will.

Unfortunately this is true also for the flagship Mandatory Alcohol Treatment Program which despite its objectives has been subject to criticism from legal and health groups warning that the program targets indigenous people and costs millions whilst doing little to treat addiction. I have not been able to source figures on the program's success rates but of concern and perhaps indicative of how vulnerable people view the program is the high level of escapes from the facilities. To date figures have shown a record 13 escapes in 3 months. Having said this however I have received anecdotal feedback which indicates a number of positive outcomes as well.

UNITED STATES AND CANADA CONTEXT

Las Vegas, Nevada, USA

- **Dewey Webb, Chief Operating Officer/Senior Director, National Native American Law Enforcement Association (NNALEA)**
- **Chief Mike Levine, Law Enforcement Division, Morongo Band of Mission Indians**

NNALEA is a non-profit organisation founded in 1993. The mission of the NNALEA is to promote and foster mutual cooperation between American Indian Law Enforcement Officers/Agents/Personnel, their agencies, tribes, private industry and public. From 16th–19th September 2014 NNALEA conducted the 21st National Native American Law Enforcement Conference at Bally's Hotel Las Vegas. The primary function of the conference was to conduct training seminars, conferences, and research into educational methods for the benefit of American Indians in the law enforcement profession. I was able to attend a wide variety of lectures and training sessions on law enforcement topics and was provided the opportunity to liaise and network with Native American law enforcement officers from all over the United States.

My discussions with a number of officers indicated that officers stationed in remote areas populated primarily by Native Americans rarely, if ever, took individuals into protective custody. All possible avenues for friends and family were exhausted before transport to a medical facility occurred. Often given the distances involved medical treatment was a number of hours travel.

- **Sergeant Brian Kobrys, Convention Centre Area Command, Las Vegas Metropolitan Police Department**

The city of Las Vegas Nevada has a population base of 619,419. Las Vegas Police can take intoxicated persons to a sobering up shelter but only on a voluntary basis. Where individuals are highly incapacitated by alcohol an ambulance is called for conveyance to a hospital at the patient's cost.

Washington, District Of Columbia, USA

- **Sergeant Brett A Parsons, Watch Commander 6th District. Washington, Metropolitan Police Department**

Washington has a population of 601,723. Washington Police do not take people into protective custody and will call an ambulance when alternatives are not available. Intoxicated individuals can be taken as a last resort to the DC Gaol which is a correctional facility that houses pre-trial offenders, sentenced misdemeanants and convicted felons awaiting transfer to the Federal Bureau of Prisons.

New York City, New York State, USA

- **Detective Timothy Duffy, Police Commissioners Liaison Unit, New York City Police Department (NYPD)**

NYPD do not take intoxicated persons into protective custody. Individuals that end up in a police cell are been charged with an offence. If too intoxicated an ambulance is called and the individuals are transported to hospital at their own expense.

Boston, Massachusetts

- **Captain John Davin, Commander Area B2. Boston Police Department**
- **Sergeant Samil Silta, Roxbury Police Department**
- **Heidi Daniels, Vice President, Pine Street Homeless Shelter**
- **Benjamin Linscky, Crisis Clinician, Boston Medical Centre**

Boston Police have the power to place people in protective custody when affected by alcohol or drugs. This option is utilised only on very rare occasions when other alternatives are not available. Ambulances are called and intoxicated individuals transported to hospital when required with the Boston local Government meeting the costs.

Boston Police had a significantly greater number of options available to them. These included a larger number of sobering up or detox shelters providing differing levels of care.

Sioux Falls, South Dakota, USA

- **Captain Galen Smidt, Sioux Falls Police Department**
- **Patrolman John Matthews, Northeast Patrol Division, Sioux Falls Police Department**
- **Kari Benz, Assistant Director Minnehaha County Human Services**

Sioux Falls has an estimated population of 166,000 it is renowned for a healthy economy, low unemployment, and a low crime rate and has been named by Money Magazine as "the best place to live in America"

Sioux Falls Police do have protective custody powers but individuals requiring protection are never placed in police cells. Police will however call an ambulance at state cost if too intoxicated or will transport them to a sobering up facility at the Minnehaha County Sheriffs Gaol. This facility has health checks and a full time nurse on duty. Where an individual is regularly being incarcerated for being intoxicated the Sheriff has the power to apply for a warrant for placement in a detoxification centre for 5 days.

The community has a “Housing First” program run by Minnehaha County Human Services. This setup provides 33 apartments in one complex for 33 individuals who are classified as chronically homeless and suffering from severe alcohol addiction.

Martin, South Dakota, USA

- **Chief of Police Thomas J Jeans, Martin Police Department**

Martin is a town in Bennett County, South Dakota and has a population of 1200 with, 48% of the total being Native American. The Police do not have a lock up to hold intoxicated persons and if an individual is too intoxicated an ambulance will be called. The nearest facility that can look after them is three hour’s drive away.

Pine Ridge Indian Reservation, South Dakota

- **Deputy Chief of Police Hermis John Mousseau, OST Department of Public Safety**

The Pine Ridge Indian Reservation (Wazí Aháŋhaŋ Oyáŋke in Lakota, also called Pine Ridge Agency) is an Oglala Lakota Native American reservation with an estimated population of 30,000. The reservation encompasses the entirety of Shannon County, the southern half of Jackson County and the northwest portion of Bennett County. Of the 3,143 counties in the United States, these are among the poorest.

The tribal police at the reservation do not take intoxicated individuals into custody. If an individual is unresponsive an ambulance is called and they are taken to hospital. If family cannot be found to take somebody requiring protection they are placed in the care of the Department of Corrections and held at the local jail for 8 hours.

The reservation does not have any sobering up shelters and the 4 facilities within 80 Kilometres offering drug & alcohol addiction treatment have user pay requirements and only offer short term inpatient rehabilitation and outpatient addiction treatment.

Anchorage, Alaska, USA

- **Chief of Police Mark T Mew, Anchorage Police Department**
- **Captain Bill Miller, Anchorage Police Department**
- **Sergeant Rick Steiding, Anchorage Police Department**
- **Omar Rivera-Cabrera, Manager, Anchorage Safety Patrol**

Anchorage has an estimated population of 305,000 residents. It is Alaska's most populous city and contains more than 40 percent of the state's total population.

Anchorage Police do not respond to or take into protective custody intoxicated persons; these matters are attended to by the Anchorage Safety Patrol (ASP) & Safety Centre (ASC) managed through a contract with the Anchorage Department of Health and Human Services.

Fairbanks, Eagle, Tok, Alaska, USA

- **Lieutenant Lonny Piscoya, Deputy Commander, D Detachment, Alaska state Troopers**
- **Sergeant Freddie Wells, Post supervisor Tok and Northway Post, Alaska state Troopers**
- **Tim Beaucaget, Village Public Safety Officer, Tok**
- **Naomi Sweetman, State Coordinator, Drug Abuse Resistance Education (DARE)**

Fairbanks has a population of 32,000 and is the largest city in the Interior region of Alaska, and second largest in the state, after Anchorage.

Fairbanks is the location of the headquarters for Detachment D of the Alaskan State Troopers and provides policing services for a number of remote communities within the region.

In order to assess the research issues in very remote communities I travelled with the Alaskan State Troopers to two communities at Eagle and Tok.

Eagle is a small community city located along the Yukon River near the United States-Canada border. The population was 86 at the 2013 census. Tok is one of the most isolated communities in Alaska with a population of 1300.

Small Alaskan communities usually have no detox centres or support services so, the local jail is often the only place to hold people who are picked up by law enforcement officers for any reason.

Vancouver, British Columbia, Canada

- **Inspector Mario Giardini, Diversity and Aboriginal Policing Section, Vancouver Police Dept**
- **Constable Benjamin M Smith, Aboriginal Policing Services, Vancouver, Royal Canadian Mounted Police**
- **Lori Beckstead, Program Administrator, Diversity and Aboriginal Policing, Vancouver Police Dept**
- **Constable Steve HANUSE, Vancouver Police Dept**
- **Assistant Commissioner Earl Moulton RCMP (Retired), Chair of the Board of Directors for Vision Quest Recovery Society**

The City of Vancouver is a coastal seaport city on the mainland of British Columbia, The 2011 census recorded 603,502 people in the city, making it the eighth largest Canadian municipality but also the most densely populated Canadian municipality.

The Vancouver Police Department has similar processes in place to the Northern Territory when dealing with intoxicated persons where they are often placed in police cells until sober, are subject to half hour health checks and are under the care of a nurse.

Police will convey intoxicated individuals home in the first instance if an option followed by placement in a shelter if beds are available. The shelter is funded through the Vancouver Health Department and connects with detoxification services when long term inmates are identified as suitable to attend programs.

Edmonton, Alberta, Canada

- **Chief of Police Rod Knecht, Edmonton Police Service**
- **Superintendent David Vetch, Southeast Division, Edmonton Police Service**
- **Inspector Deb Jolly, Investigation Management, Edmonton Police Service**
- **Sergeant Lee Bieraugle, Edmonton Police Service**
- **Jacqueline Biollo, MBA, Strategic Coordinator, Investment Governance, Edmonton Police Service**
- **Constable Clayton Bird, Aboriginal Policing Services, Royal Canadian Mounted Police**
- **Constable Perry Cardinal, Aboriginal Policing Services, Royal Canadian Mounted Police**

Edmonton is the capital of the Canadian province of Alberta. The city had a population of 877,926 in the 2014 census, making it Alberta's second-largest city and Canada's fifth-largest municipality.

The Edmonton Police Service had exactly the same issues in respect to the management of people under the influence of drugs and alcohol as all of the other jurisdictions I had visited and to a greater or lesser extent dealt with them in the same way.

Edmonton Police are the drivers in developing a challenging and innovative program to bring agencies together to provide support across the full spectrum of prevention, treatment, care rehabilitation etc.

A revised system navigation concept model titled the Assessment, Sobering and Care Centre (ASCC) has been developed. This "always open" model was deemed an approach that could address the immediacy of the needs of vulnerable people and assist in transforming a complex and difficult system that has existed over many years. The Edmonton Police Service is currently working on developing the business case to see the model implemented.

Ottawa, Ontario, Canada

- **Superintendent Mike O'Beirne, Executive Officer, Commissioners Office, RCMP**
- **Staff Sergeant Kenneth Wells, Contract and Aboriginal Policing, RCMP**

Ottawa, is the capital of Canada. It stands on the south bank of the Ottawa River in the eastern portion of Southern Ontario. It had an estimated population of 943,260 in 2013.

Being the Headquarters for the RCMP I liaised with staff from the Aboriginal Policing Division investigating RCMP policing strategies in remote communities. Additional information provided in respect to remote indigenous communities included;

The Community Program Officer (CPO) is a community hired employee managed by the RCMP. The position is tasked with delivering RCMP programs and with creating programs where there is a hole in service delivery. The CPO's primary purpose is to improve the community by providing increased preventative and public assurance programs while supporting core policing operations.

Some parts of Canada have First Nation Police that enforce their own communities. Reservations can enact their own bylaws to ban or restrict alcohol possession. Along with the local Police, the RCMP is empowered to enforce these bylaws.

LESSONS LEARNT

I quickly learnt during my travels that most Police Forces in the States and Canada do not apprehend and place intoxicated people in Police cells. Police tend to utilise the local Sheriffs or Corrections Gaol which in most instances closely reflect the practice and procedures in place in the Northern Territory Police watch houses. In the jurisdictions outlined below I was able to identify a number of different and innovative approaches that are relevant to this papers research. I believe much of what I learnt in the following paragraphs can value add to how business is conducted in the Northern Territory.

Boston

The environment around intoxication and rehabilitation was significantly different in Boston compared to other cities in the USA visited earlier during my research. With a much more community minded, volunteer and philanthropic approach to the issue and Police when dealing with people requiring care in Boston had a significantly greater number of options available. These included a larger number of sobering up or detox shelters providing differing levels of care.

Pine Street Inn

Whilst in Boston I had the opportunity to visit the Pine Street Inn. The Inn is a homeless shelter that provides 24/7 service 365 days of the year. The shelter provides services to approximately 1600 people per day along with 300 beds for males and 140 for women. The Mission Statement for Pine Street Inn is a not-for-profit organisation committed to men, women, and children in need of shelter, sustenance, and the basic moral material supports necessary to lead a dignified and stable life. It is the mission of the Inn, in all its programs, to be a community of respect and hope for each guest it serves; to be a resource through which neighbours and friends can help to meet the basic needs of others; and to serve as a national leader in the fight to end homelessness.

It was obvious that along with providing shelter, the Pine Street Inn focused on far greater levels of service addressing the causal factors rather that the immediate symptoms associated with alcoholism including case managers for each inmate, training programs within the centres kitchens, medical assessments and clinicians in outreach vans.

In touring the facilities of the Inn I was impressed with the zeal demonstrated by the staff and their obvious belief and passion in making life better for the homeless. Supplementing the full time staff at the facility was a large volunteer workforce either rostered or on call and available on any given day to undertake a myriad of tasks in support of the shelters activities.

What was particularly impressive was the way the Inn and other shelters and service providers drew on each other's resources and expertise to sustain a mutually beneficial collective greatly enhancing state wide service delivery.

"*At Pine Street Inn, we're often categorised as an emergency shelter. And that's true – we provide beds for hundreds of homeless individuals each evening who need a place to stay. But like the other service providers in the Coalition for Homeless Individuals, we're working diligently to change the trajectory of homelessness*" (Pine Street Inn Web site)

Coalition for Homeless Individuals

This collective called the Coalition for Homeless Individuals is a state-wide collection of emergency shelters, human service providers and their supporters that have as their charter working together to change the trajectory of homelessness in Massachusetts.

Providers within this coalition provide health care at approximately 60 locations in the greater Boston area: soup kitchens, family and domestic violence shelters, overnight and day shelters and in two hospital-based clinics, including at Boston Medical Centre a 104-bed medical respite facility for homeless adults. Friends of the Homeless, in Springfield, operate a fully licensed health and dental clinic 6 days a week. A nurse provides health care six mornings and two evenings a week for homeless people at a shelter location. At the Boston Rescue Mission, clients needing care following a hospitalisation can use the Stay-in Bed program, receiving regular meals, case management, and health care.

What are known as Street Team Doctors fan out across the Boston streets seeking out homeless men and women to offer care to "rough sleepers." These physicians work in the Pine Street Inn's Outreach van two nights a week.

Recognising that mental health disorders and addiction are often at the root of homelessness the coalition expends considerable time connecting individuals to treatment including enrolling in drug rehabilitation or working with mental health professionals to obtain care. A number of transitional programs are operated for homeless individuals in need of transitional sober housing. These programs, lasting from 30 days to two years, assist homeless adults with relapse prevention, behaviour modification, interpersonal skill development, and re-socialisation skills.

At the Boston Rescue Mission's Residential Recovery program, homeless adults leaving detoxification programs are referred to an individual case manager who will work with them to break a lifestyle that fosters abuse. On a yearly basis, the program helps more than 400 people transform their lives. Individual and group counselling, as well as psychiatric care, is provided for guests who want to become stable and sober. Clinicians provide over 12,000 hours of general and mental health counselling per year. On a daily basis, Alcoholics Anonymous and Narcotics Anonymous groups are hosted on site.

Teams of clinicians are dedicated to providing behavioural health treatment including therapy and psychopharmacology to homeless adults and families at numerous sites throughout Boston. This also includes medication-assisted therapies such as Buprenorphine. The clinicians also provide referrals to detoxification and rehabilitation beds.

Sioux Falls

Housing First Program

A highlight during this part of the research was the "Housing First" program run by Minnehaha County Human Services. This setup provides 33 apartments in one complex for 33 individuals who are classified as chronically homeless and suffering from severe alcohol addiction.

A screening process identifies the most deserving applicants based on level of risk. Occupants are required to sign a lease and pay rent of $499 per month from social security payments. The facility is staffed 24/7 and occupants are required to keep their rooms clean and attend regular sessions with case workers.

I toured the apartments and was impressed with the quality, space and layout of the complex. Given the level of staffing and the building and maintenance requirements I was somewhat cynical as to the overall cost required to run such a facility. I have not seen any supporting documentation but was assured that a cost benefit analysis of the concept had established that by providing housing to the most chronically homeless residents of the community, the outlays were significantly reduced being offset against the overall costs of a variety of highly utilised services (detox, emergency rooms, police, gaols, etc.)

Pine Ridge

A stark reminder of the impact of uncontrolled access to alcohol by vulnerable people was at the Pine Ridge reservation in South Dakota. Pine Ridge is a dry community with the sale and possession of alcohol prohibited. However alcohol addiction continues to be a significant issue primarily because just 3.2 km south across the border in Nebraska, the small town of Whiteclay's economy is based on alcohol sales to residents of Pine Ridge. The term town to describe Whiteclay is a misnomer; I would describe it as a series of liquor outlets dissected by a street. According to the Nebraska Liquor Control Commission, beer sales at Whiteclay's four liquor stores totalled 4.9 million cans in 2010 (~13,000 cans per day).

The Pine ridge/WhiteClay experience serves to highlight that by simply declaring a community “dry” success is not ensured in restricting the access to alcohol by vulnerable people.

Anchorage

Anchorage Safety Patrol

Anchorage Police do not respond to or take into protective custody intoxicated persons; these matters are attended to by the Anchorage Safety Patrol (ASP) & Safety Centre (ASC) managed through a contract with the Anchorage Department of Health and Human Services at a cost of $1,717,916 per annum. ASP vans and staff are dispatched by the Anchorage Fire Department (AFD) Call Centre to persons that appear to be incapacitated by alcohol or drugs in a public place. When not on a dispatch call, the ASP Van actively patrols the Anchorage Downtown and Midtown areas in search of persons that may be in need of assistance. If the ASP takes a person into protective custody, they will transport them to the ASC located next to Anchorage Gaol Complex. Clients are assessed using basic physiological parameters; those falling outside of safe standards for the Safety Centre are taken to the hospital for medical clearance or further care.

The ASP response service operates 24 hours a day, seven days a week with two vans patrolling from 2:00pm–6:00am and one van 6am–2pm. A driver and state-certified Emergency Medical Technician staff each ASP Van. The Safety Centre also operates 24 hours a day, seven days a week to monitor clients during the sobering process. Centre staffing is maintained at one staff member to every ten client ratio, and includes a state-certified Emergency Medical Technician.

Alaksa State-Wide

Village Public Safety Officer Program

A successful initiative I had the opportunity to observe in the city of Fairbanks and the remote communities at Tok and Eagle was the Village Public Safety Officer (VPSO) Program. This program has been designed to train and employ individuals residing in the village as first responders. Their role covers a wide range of responsibilities including public safety emergencies such as search and rescue, fire protection, emergency medical assistance, crime prevention and basic law enforcement. The motto of the VPSOs is "First Responders - Last Frontier" with many of them being indigenous to the regions they service. This assists in locating and engaging family and friends to look after persons requiring protective custody.

When a VPSO is left with no other option but to incarcerate an intoxicated individual he or she has the option of calling out “a carer”. Each community has a cadre of trained civilians available to be called out to the lockup and conduct cell and welfare checks whilst an individual is in custody.

Drug Abuse Resistance Education.

From a preventative viewpoint significant energy and resources are committed by Alaskan law enforcement agencies to Drug Abuse Resistance Education (DARE). The program is pro-active community effort to fight drug abuse and violence that works towards building positive relationships with thousands of students each year.

Law enforcement officers are selected based on attributes that make them effective in the classroom and then are required to attend an intensive 80 hour training program. Officers are taught the latest techniques in active teaching and classroom management, how to draft and present the curriculum and they must pass a series of tests to be certified to teach at the kindergarten through middle school grades. Once they receive certification, they have opportunities to receive further certification in high school and parent training curriculums. VPSOs are part of this program and they deliver the DARE presentations in their remote communities.

Vancouver

Downtown Eastside

One of the most challenging and confronting issues I faced during my research travels was the foot patrol I conducted with Vancouver Police through the Downtown Eastside (DTES). This area is one of the oldest neighbourhoods in Vancouver and is referred to as Canada’s poorest postal code. The area is noted for a high incidence of poverty, drug use, sex trade, crime, violence, as well as a history of community activism. It was once the core shopping district in the city and has been the victim of significant urban decay. The Downtown Eastside has a high incidence of HIV and Hepatitis C infection. There is also a persistent alcohol and drug problem in the Downtown Eastside, with the most common drugs being heroin, crack cocaine, cocaine in powdered form and increasingly crystal methamphetamine.

As Vancouver’s cheapest neighbourhood and the site of most of its social and Aboriginal services the Downtown Eastside funnels in vulnerable and low-income people from across Western Canada.

There is a police station close by and officers on foot patrols were numerous and highly visible. Despite this I witnessed open air drug use and dealing and saw numbers of discarded syringes and crack pipes. Police have dedicated significant resources into curbing the open-air sales but have met with significant opposition from some residents, including the Vancouver Area Network of Drug Users (VANDU), an advocacy group involved in lobbying for support of the rights and freedoms of residents of Vancouver who use drugs. A charity organisation offers local people jobs cleaning up the streets each morning, however, buildings are covered in graffiti and many alleys show signs of being used as makeshift toilets and injection sites.

I was advised that vast sums of money are being spent by federal, provincial and municipal governments on health, social and justice efforts aimed at improving the many problems faced by DTES residents. The distinct impression I gained from my brief tour was that in this location support services were overwhelmed by the concentrated nature of the poverty and misery. It was obvious that if there were vast sums of money and attention being dedicated, there was little evidence of success at either getting the area's shattered populace back on their feet, or cleaning up the neighbourhood into something resembling a healthy community.

Safe Ride

Of interest in Vancouver was the "Safe Ride" program which has as its aim to prevent people from drinking and driving by providing reasonable, affordable alternatives to driving for locals. Somebody too intoxicated to drive can call the booking hub for this service and a car is dispatched with two people one to convey the applicant and the other to drive their car home. Advice from police indicated that this service when dealing with nonviolent drunks in the street without a car often convey them to the shelter if deemed necessary.

Vision Quest Rehabilitation Program

Whilst in Edmonton I received a briefing on a RCMP initiative titled The Vision Quest Rehabilitation Program. The program was set up to offer a safe and trustworthy support network for men and women who have left an institution, genuinely desire to heal from addiction and need help and counselling to re-adjust to the outside world and successfully re-enter society leading drug free lives. An interesting statistic gathered during the briefing was the cost for the government to keep a repeat offender in Gaol was $240 a day. Vision Quest costs were $14 a day resulting in savings to the taxpayer of $226.00 per offender per day.

Edmonton

Edmonton is one of Canada's fastest growing municipalities and home to Canada's second largest urban Aboriginal population and will soon be the largest. In comparison to the rest of the Edmonton's population, the urban Aboriginal population has relatively more people under the age of 25. In the last decade, it grew by 51 per cent as compared to 21 per cent growth of the Edmonton population as a whole. According to the 2011 National Household Survey, the number of people that identify as having an Aboriginal identity in Edmonton is 41,985. The over-representation of the Aboriginal population in the criminal justice system has been well-documented and it has been

recognised that in order to address the many issues a partnership is required between police, the community, social agencies, and all levels of government.

About 60 per cent of the Aboriginal population lives in the inner-city. Two in five Aboriginal residents of Edmonton live below the poverty line, and median income is only two-thirds that of non-Aboriginal residents. Aboriginal people represent 23 per cent of the national incarcerated population while only representing 4.3 per cent of the total Canadian population. Once released from correctional facilities, the vast majority of offenders settle in the City of Edmonton. It is well documented that post-incarceration individuals face high degrees of homelessness, recidivism, and other social issues. With increased prisons and prison populations comes additional policing and social service responsibilities.
Federal, Provincial, Municipal, volunteer and private sector resources are spending increased amounts of time dealing with vulnerable people. Based on information provided to the Edmonton Homeless Commission, interactions with one homeless individual with intensive needs resulted in 48 calls for service to the EPS consuming a cumulative 21 days of effort by a two person unit. This same individual made 115 hospital visits resulting in 72 days spent in hospital. The Homeless Commission estimates that 300 to 600 individuals with intensive needs are situated in Edmonton.

Calculations estimate that the EPS and Alberta Health Services spend nearly $200k a year supporting a heavy user type individual. The Homeless Commission estimates that there are between 300 and 600 of these individuals in Edmonton. There are other costs as well such as shelters and outreach but the EPS did not have access to this information.

HEAVY USERS OF SERVICE (HUoS) MODEL

The Heavy Users of Service (HUoS) project in Edmonton was initiated in order to identify the system and service gaps that have led to the high costs identified above. With additional resources added to the project, the EPS has demonstrated some success in moving 50 of their most vulnerable citizens out of this costly cycle and into an improved quality of life. EPS wants to reach the other 300 to 600 individuals with intensive needs and is looking to the government for leadership and assistance in carrying on the successes of the early phase of HUoS with the current and most vulnerable 50 users.

The below paragraphs outline details of the business case introduced as an ongoing project entitled Heavy Users of Service (HUoS). The HUoS initiative was designed by the EPS working in cooperation with 16 stakeholder organisations. The primary objective for the project is "Improving the Lives of Edmonton's Most Vulnerable Persons".

The HUoS stakeholder group comprises a large number of Edmonton's support agencies including Alberta Health Services, Alberta Human Services, Bent Arrow Traditional Healing Society, Bissell Centre, Boyle McCauley Health Services, Boyle Street Community Services, the City of Edmonton, Edmonton Homeless Commission, Emergency Medical Services, the Edmonton Police Service, George Spady Centre, Homeward Trust, Hope Mission and REACH Edmonton Council for Safe Communities.

The project spans five years and a working group that includes social service providers, first responders, and aboriginal and government representatives is engaging some of the city's most frequent users of social, medical, criminal and justice services with the goal of identifying and bridging gaps in service provision and treatment. It is intended that the HUoS project will create and implement monitoring processes, systems, structure and policies around the identification of those at greatest risk to themselves, to others and to the community.

Once the project identifies a system gap or an area for improvement, it is intended that the issue will be explored in more detail before options are proposed. These options will be reviewed and addressed by the respective agency(s) and/or by the appropriate level of government(s).

The HUoS working group developed a set of criteria to select a number of vulnerable individuals who were the greatest draw on Edmonton's social, health and justice services. The project intended to track up to fifty of these individuals. Cooperation from these individuals was sought with their signed consent obtained. A personalised case plan was developed and executed to assist in the gathering and analysis of information throughout the project. Tracking of these high risk individuals will take place over a 12 to 24 month period. Information, gaps, overlaps, redundancies and strengths will be identified in existing models. The results will be used to improve the collaborative system employed to support vulnerable persons.

The business case states that through this collaborative effort, the EPS will improve its understanding of people with complex needs and how the systems must evolve to address those needs, ultimately improving the quality of life for the most vulnerable citizens and creating system efficiencies. While dedicated police resources are currently required to work directly with HUoS clients, continued graduation of these clients out of the police portfolio and into proper health and social supports will ultimately allow the scarce and limited police resources to be returned to core duties.

The duties of the EPS HUoS team include working with clients identified by EPS and to navigate them through the social, medical, and criminal justice services and systems. With dedicated efforts and hand-holding by police members, these Heavy Users are not just referred to programs, but through proper case management and planning, they are facilitating transportation, follow-up and tailored program admissions. In the early stages of HUoS, this has been shown to dramatically reduce their re-involvement with police. This level of dedication however is time consuming and the current team has only been able to assist a few of the consenting participants.

The three strategic goals of the HUoS project:

- increased quality of life for complex clients;
- increased quality of life for the community; and
- value for money.

Related to these strategic goals are four key outcomes that are directly measureable as a result of the HUoS project. The measures and timeframes for these outcomes are:

1. Increased linkages and connections for complex clients;
2. Increased instances of appropriate services being applied;
3. Decreased instances of unmet needs of complex client's case plan activities fulfilled; and
4. Created changed or new practices for service providers.

Skilled case management is the method to greater successes. Through assessment and a more streamlined system the needs of the individual will be identified that would include, but not limited to housing stability, employment and assistance benefits, mental health treatment, addictions treatment, counselling, financial advice, removal from the judicial system and skills training. A matrix has been developed that identifies one hundred of the most prevalent clients of the current systems. The HUoS project has been implemented to identify the system weaknesses and strengths.

This centralised approach can be achieved through formalised partnerships with criminal justice, Human Services, First Nations and Health resources. A centralised approach will also assist those in need in the navigation of all of the options and alternatives in the social support system.

Whether private or public, programs need to be aligned so that they operate in a coordinated fashion to ensure the best services to the homeless, addicted and mentally ill. This will also provide strong stewardship of various funding streams in a timely fashion by reducing overlap, redundancy and duplication and overall show good value and return for investment.

VIOLENCE REDUCTION STRATEGY

Recognising that groups from the lower socio economic strata of society were those most at risk from violent crime, the EPS implemented a Violence Reduction Strategy in mid-2011 that was anchored on four cornerstones. The identification of those cornerstones came through research and the understanding that in order to deal with violence, efforts would need to be directed at transformational change at an environmental level. The cornerstones centred on impacting the issues involving alcohol, drugs, edged weapons and distressed communities. The initiatives were directed through approaches that were either, preventative, intervention based or suppressive in nature.

The vulnerable people are those individuals that are the current users of the social support system. They may be in this situation because of alcoholism, drug addiction, mental health issues, domestic violence, poverty or some combination of any of these causes or some other cause not identified. They can be men or women, young or old, offenders, victims, or both and have a diverse background of culture, ethnicity and personal orientation.

In March of 2012, representatives from the EPS, REACH Edmonton and the City of Edmonton Community Services Department attended a working session sponsored by the EPS to discuss violence reduction and to focus on programs working within Edmonton's distressed communities and with the city's vulnerable person's population. The summary notes of that session identified the top six priority issues that participants believe needed further attention as follows:

- early intervention programming that is focused on prevention;
- robust mental health and addiction initiatives;
- coordinated services, featuring a system navigator model;
- an engaged citizenry - including government at all levels who "own" violence reduction as their issue;
- consistent training and education for frontline service providers, including the EPS; and
- targeted culturally relevant initiatives that are tailored to meet the unique needs of vulnerable populations.

The session clearly demonstrated that cross communication and the lack of coordination amongst some support agencies, levels of government and front end service delivery was compounding as opposed to solving many issues. It was determined there could be limited collaboration as a consequence of the current and existing structures, systems and regulatory complexities that are in place. Accordingly there was evidence this could create competition and barriers, as opposed to seamless and integrated service delivery.

It was deemed that Police and the community would have to cease the primary focus on addressing the symptoms , and focus their energies, expertise and resourcing on the under-lying problems that are systemic, otherwise the cycle of despair will only continue and the numbers will grow to the point of not being sustainable.

Contributing to this situation is the fact that multiple agencies and stakeholders are currently involved in providing support to this community of people each with differing mandates and approaches. In addition, provincial and municipal resources are spending increased amounts of time and money dealing with vulnerable people. The primary focus on addressing the symptoms has to cease in order to focus energies, expertise and resourcing on the under-lying systemic problems, otherwise the cycle of despair will only continue and the numbers will grow to the point of not being sustainable. Immediate needs and pressures are compromising the ability of agencies, including police, to provide effective long-term response, especially those with complex situations.

The accessibility and immediacy of services provided to support vulnerable people faster regardless of condition or need, decreases the opportunity for those persons to be victimised or offend. This also will allow police resources to be allocated to higher priorities within the community.

ASSESSMENT, SOBERING AND CARE CENTRE (ASCC)

The details of a revised system navigation concept model titled the Assessment, Sobering and Care Centre (ASCC) are highlighted over the next six pages. The ASCC was an initiative of the EPS Violence Reduction Strategy in cooperation with various private and public sector partners. It was identified that the ASCC would need to be operational 24 hours a day 365 days a year and that a new purpose built structure was not necessary but could involve the re-purposing of a current facility or amalgamation of a series of facilities. The "always open" approach would address the immediacy of the needs of vulnerable people and assist in transforming a complex and difficult system that has existed over many years.

The creation of a single point of entry into the social support system and a coordinated approach to these services could provide many opportunities for efficiency, effectiveness and economy. Coordinating multiple stakeholders would provide an opportunity to reduce duplication in some areas, identify and fill gaps in existing services and potentially create new services. The ASCC functions would allow Police, emergency medical services, emergency ward, and social service resources more time to deal with those factors that continue to contribute to victimisation. The ASCC would also provide an opportunity for different levels of government and the community to offer integrated service delivery and support to the vulnerable people population and citizens overall.

Providing a coordinated approach would reduce the overall negative impact to the community. Public disorder and safety issues could be reduced resulting in substantially lower cost overall and more effective long-term solutions.

The coordinated approach to providing support augmented by focused information management and case management can result in direct benefits to vulnerable people and the community through:

- increased communications and coordination across support agencies;
- reduced redundancy and duplication of services and administration;
- eliminated gaps in service;
- increased capacity; and
- return of valuable police resources to the frontline to deal with criminal and more serious issues.

The accessibility and immediacy of the services would provide support to vulnerable people faster, regardless of condition or need and decreases the opportunity for them to be victimised or offend. The ASCC provides a coordinated approach to assistance and the possibility of longer term solutions for these individuals, through an aggressive case management approach.

The Navigation Concept Case prepared in 2013 by Interis Consulting Canada represents an initial concept for discussion and debate acknowledging that cooperation and coordination still needs to come to fruition. The paper articulated that analysis of the current situation, governance design; partnerships and detailed process development are just a few of the tasks requiring resolution.

These priorities are built on the basic fact that vulnerable people are at risk from violent crime in Edmonton. Contributing to this situation is the fact that multiple agencies and stakeholders are currently involved in providing support to this community. Various stakeholders and clients have identified current challenges that include one or more of the following:

- Silo operations
- Gaps in service
- Immediacy of response
- Duplication in some areas - both services and administrative overhead
- Coordination across some agencies
- Communications
- No central repository of information
- Distribution of fiscal support

Existing agencies are arguably stretched to the limit in terms of their capacity. For example, some are not fully accessible for the physically challenged, some agencies are for men only, some are not open to inebriates and some individuals are barred for various reasons. None of the current agencies can provide complete medical services. There are resource challenges in dealing effectively with requests that require immediate response. Requests for housing, for example can get driven into a framework of processes and paperwork that require days to fill out and complete. Staff training and qualifications can result in increased turnover.

The Edmonton case identified the need to focus energies, expertise and resourcing on the underlying problems that are systemic, otherwise the cycle of despair will only continue and the numbers will grow to the point of not being sustainable. Immediate needs and pressures are compromising the ability of agencies, including police, to provide effective long-term response, especially those with complex situations.

There is a lack of clarity on the part of some seeking help in terms of which agency is appropriate for them to approach. People literally shop around across agencies to find what they want. As people move from agency to agency they leave their mark on the community:

- Health and safety issues for the casual and serial inebriants themselves: interpersonal violence resulting in injury or death, robbery, intimidation by other intoxicated individuals, being banned from service agencies due to drunken behaviours, hunger, long term health problems, and so on.
- Safety issues for neighbours, home owners, residents, pedestrians, drivers, service agency workers, business owners and customers: people not feeling safe, concerned with their children. Intimidation behaviour of intoxicated individuals - for example aggressive panhandling.
- Public disorder issues: garbage strewn about, broken bottles, needles, urination and defecation in neighbourhood yards, building doorways, noise and rowdiness. Homeless camps in public areas.

- Costs to the community: there is a loss of the potential contribution that vulnerable persons could make to the community if they were in a productive situation. Communities suffer considerable discord, violence, fear, intimidation, division amongst people in neighbourhoods, business loss, overall city image of the neighbourhoods; land values, increasing police and emergency services costs to mention a few. Many individuals do not engage agencies as the result of having been victimised.

Skilled case management is seen as the method to greater successes. Through an assessment centre, the needs of the individual can be identified that would include, but not limited to, housing stability, employment and assistance benefits, mental health treatment, addictions treatment, counselling, financial advice and skills training. A matrix was developed to identify the most prevalent clients of the current systems. The foundation of the ASCC is the collecting and sharing of essential information within the parameters of *Access to Information Act* and *Privacy Act*, the coordination of levels of government, private and public agencies and the broader communities of impact. This requires a systems revision with clear accountabilities and time-lines.

The ASCC needs to offer a number of services including meeting the basic needs of vulnerable people such as providing beds, showers, laundry and meals. In addition, the Centre would need to provide medical assistance to those that need it as well as providing safety for casual and serial inebriants to sleep and get treatment.

The Centre can also provide assessments and advice for conditions such as addiction or mental health issues and manage referrals to local, provincial and federal programs and facilities. The Centre provides a single point of entry to the larger social support system. The existing agencies and shelter facilities can form a network coordinated through the ASCC. This centralised approach can be achieved through formalised partnerships with criminal justice, Human Services, First Nations and Health resources. A centralised approach will also assist those in need in the navigation of all of the options and alternatives in the social support system.

The ASCC can also be a repository of information for the condition and history of the people it serves. This will allow a case management approach to the care of these individuals. With the information and case history of individuals in need, the ASCC can provide better short term service and develop longer term solutions and approaches to care for those individuals.

The ASCC will not be able to help every individual in every situation but will be designed to assist as many as possible. With this in mind, the ASCC is intended to be a permanent addition to the social support system and act as a catalyst for system reformation. Indicators will need to be developed to assess the ongoing performance of the Centre.

ASCC SUPPORTING PROCESSES

The operation of the ASCC would require the sharing of information across many agencies to facilitate building a complete view of each individual who makes use of the system. This information based approach will support effective case and information management and allow long term solutions to be developed for individuals.

The ASCC will also have to be outfitted to effectively deal with a widely varying clientele. For instance the Centre will have to deal with men and women and couples as well. Those using the Centre could be young or old, be from a diverse ethnic background, religious background and represent a range of personal orientations.

The staff of the Centre will also have to cover a broad set of skills and expertise. The staff may consist of medical professionals, counsellors and some law enforcement or correctional personnel. The Centre will require a Chief Executive Officer or Executive Director to provide day to day leadership and management. The centre will also require all the normal administrative functions to support operations.

The ongoing operation of the ASCC will require sound governance that will involve a number of parties. As an option, representatives from the Federal, Provincial and Municipal governments and participating agencies such as the George Spady Centre could form a Board of Directors that would provide oversight and direction to the ASCC. Operational representatives from the various delivery organisations could also form an advisory board at a more tactical level to guide on-going operations. In addition, some large private and public sector organizations in the community have expressed a willingness to support the development of the ASCC.

In 2011, over 40% of murder victims in the City of Edmonton were vulnerable people. Some of these may have been saved by a better system and a more proactive approach. We must work harder and smarter and employ innovative solutions to turn this problem around. The status quo is clearly not an option.

The situation facing the City of Edmonton regarding vulnerable persons is not seen as decreasing or even remaining stable over time. Vulnerable people will remain at risk if nothing is done and the overall violence situation may continue to escalate. As the population of the region grows the risk can very well grow with it. Not only is Edmonton a gateway to the North - it is a gateway from the North. In addition to the risk to vulnerable persons, this will also put a strain on all resources dealing with vulnerable people. We also believe costs will continue to rise for these resources.

If the situation is not addressed there will also be an impact to local communities. Neighbourhoods will degrade leading to continued risk to residents. The general decline in condition and safety within certain communities can lead to a loss of business interest in those communities and significantly impact on the health and wellness of its residents. Local business may choose to move or close rather than stay in a depressed area. This same condition may deter new businesses from moving into these neighbourhoods or even to Edmonton in general. This will have an overall impact to the reputation of Edmonton and Alberta.

ASCC RISKS

There are a number of risks associated with operating the Assessment, Sobering and Care Centre. The environment surrounding vulnerable persons is in a state of constant change. Different drivers and causes will emerge that will need to be addressed through access to current information and good governance. Lack of communications and knowledge sharing across the various stakeholders may make it more difficult to operate the ASCC.

Some may feel that the centralised approach to information and case management is a violation of an individual's rights and freedoms. Freedom of Information and Privacy requirements must be investigated and applied to mitigate this risk. The ASCC is not a law enforcement solution but the perception that it is may prevent some people from using the Centre. It is important to emphasise that the ASCC can be facilitated through the use of current facilities through integration, amalgamation, coordination or re-purposing utilising a centralised or de-centralised application model. Community input and support is critical.

The success of a system reformation is contingent upon senior officials at all levels of participation ensuring that they invest and remain diligent for the short, medium and long term. If success is declared too early, then there is a strong possibility that any significant changes made will also fail.

The Assessment, Sobering and Care Centre will:

- focus on intervention and prevention;
- include mental health and addiction assessments and programs;
- act as a coordinating body for a number of programs and agencies and assist in the navigation of these services;
- employ a governance model that brings together government, private sector and the community;
- ensure consistent and comprehensive training for its staff and partners;
- will take into account culture and diversity when delivering services; and
- will create the ability to immediately deal with issues and navigate a complex system much faster than before.

Information was gathered from a number of sources including case studies from other jurisdictions and local interviews. This research led to the identification of specific benefits. The creation of a single point of entry into the social support system and a coordinated approach to these services will provide many opportunities for efficiencies. Coordinating multiple stakeholders will provide an opportunity to reduce duplication in some areas and to identify and fill gaps in services. Filling the gaps will also have the added benefit of building a more effective service overall.
Having a central single point of entry allows emergency services like EPS and EMS to place those in need quickly into a safe and caring place and return to duty. Currently an EPS officer can spend hours at the hospital if they drop someone off there or they can spend considerable time finding a suitable shelter for that person. Or that person could end up in a jail cell introducing what amounts to non-criminal people into the Justice system can perpetuate the trouble for these individuals and enable victimisation or re-victimisation.

CONCLUSION

Much can be learnt from the work done in international jurisdictions on the analysis of governance design, partnerships and detailed process development. There are many features of programs operating in the American and Canadian settings that have considerable applicability to the Australian context – particularly the Northern Territory – given similarities in demographics, population distributions and cross-cultural considerations.

The issues we collectively face are complex and are rooted in historical fiscal, social, legislative and policy decisions. It is acknowledged that the Northern Territory government along with numerous other federal government and non-government agencies continue to invest considerable time, effort and money in attempting to address many of the issues outlined in this paper. Despite this I would propose that without further enhancement of the model currently in place within the Northern Territory, the risk to vulnerable people and the surrounding communities and its residents will continue to grow.

I would submit that an adaptation of the Assessment, Sobering and Care Centre model applied in the Northern Territory context presents an opportunity for government and the community to more effectively integrate service delivery and the possibility of longer term solutions for vulnerable individuals by providing a safe place for them to get help, support or counselling. The model properly implemented and resourced may well remove the necessity for NT Police to have to utilise the protective custody provisions and deliver the opportunity for Police and all other emergency service agencies to focus on other priority activities.

The accessibility and immediacy of a single point of entry, 24/7 facility would provide the opportunity to allow vulnerable people to access services faster regardless of condition or need and decreases the opportunity for them to either commit offences or become victims.

The intent is that over time through involvement with a case management approach, there would be a reduction in hospital visits as clients are better served by the non-emergency medical system and there will be a return of valuable police resources to the frontline to deal with criminal and more serious issues. The central approach to providing support is augmented by information management and case management. These additional services can lead to a number of direct benefits:

- creating change to the existing social environment;
- changing people lives and providing a hopeful future; and
- increasing the quality of life for vulnerable people.

Government, agencies and the community would need to pool resources to offer a coordinated and comprehensive service to those in need. Improved coordination of existing agencies should contribute to a direct increase in the capacity of the system. Providing a coordinated approach and an accessible central facility should reduce the overall impact to the community. Public disorder and safety issues can be reduced.

The overall benefits could include reduction in crime and victimisation leading to a higher quality of life for vulnerable people and impacted communities and the social support system being able to operate in a more coordinated way leading to efficiencies and increased effectiveness.

Requirements in the Northern Territory

For a model similar to the ASCC to be implemented in the Northern Territory, requirements would include:

- Some physical Infrastructure - a 'bricks and mortar' facility or the repurposing of an existing facility or facilities.
- Detailed operational model, processes, and communications etc.
- Appropriate resources to staff the ASCC identified and trained.
- Sources of funding identified and secured to develop and operate the ASCC.
- An effective and inclusive governance model developed and put in place to direct and oversee both the development of the ASCC and its eventual operation.
- Communications established with all of the stakeholders including Territory and Commonwealth Governments, Councils, independent agencies and local communities.
- Information regarding current programs, vulnerable persons and any other relevant material shared across the various stakeholders.
- A supporting information management model and process developed.
- Extensive consultation with all stakeholders.

Critical Success Factors

Good information and research data about target clients ensures that programs and services are efficient in their operation and effective in achieving objectives. Precious funding and increased resources need to be better linked to outcomes.

The framework will need support from Territory and Commonwealth Governments, Councils, private sector and non-government organisations, volunteer groups and the community. Most of the services, programs and agencies involved are either run or supported by the tiers of government which makes cooperation and support essential. Representatives from all agencies need to arrive at an effective governance model. A culture of cooperation and sharing will support the governance and leadership. All the stakeholders involved need to focus on the end result of helping vulnerable people and work together to achieve that result. Ultimately local communities will benefit from the proposed approach and they need to be involved in the development and operation of the ASCC.

In addition the community as a whole will benefit by returning valuable police resources to the street and enhancing the role of law enforcement.

Project Plan

To develop the details around the ASCC requirements and operating model, a detailed project plan is required including, but not limited to, the following components:

- ***Current Situation Analysis***
  - Detailed analysis of gaps and overlaps in the current system
  - Analysis of the profiles and needs of vulnerable people
- ***Governance***
  - Establish governance model Identify potential board members
- ***Staffing***
  - Identify required skills and functions within the ASCC
  - Identify potential sources of resources
  - Develop staffing model Develop training requirements
- ***Facilities***
  - Identify potential site
  - Assess suitability and current condition
  - Develop plan to modify as required
- ***Processes***
  - Develop processes for operations, case management etc.
- ***Partnerships and Agreements***
  - Identify all potential ASCC partners and stakeholders
  - Design operating model and interactions
  - Develop operating agreements and partnerships as required
- ***Engagement***
  - Develop communications processes and material for internal and external stakeholders
  - Plan and execute education activities
  - Plan and execute change management activities

The Northern Territory has the highest per capita alcohol consumption in Australia, 1.5 times the national average. Studies show alcohol costs the NT $642 million a year, or $4197 for every adult Territorian, almost 4.5 times the national cost of $943 per adult. Costs include alcohol-related health and hospitalisation costs, policing costs, courts and correctional services costs and loss of productivity. Data also shows that 60% of all assaults and 67% of all domestic violence involves alcohol. Alcohol-related deaths in the NT are three times the national average. Alcohol-related hospitalisations are double the national average.

In concluding I again refer to the findings of the Northern Territory Coroner into the death of Terrance "Kwementyaye" Daniel Briscoe where he stated: "*A long term solution to excess alcohol consumption in Alice Springs requires greater cooperation amongst stakeholders (including outlets that sell alcohol) to tackle demand and supply*".

The 'all tier' approach of the ASCC has the potential to break down existing barriers, whilst enhancing those networks already developed. This could ensure that the greater cooperation identified by the Coroner becomes a reality.

RECOMMENDATIONS

Key steps in order to implement elements of the ASCC model in the Northern Territory:

- The creation of a model to identify inputs, outputs, goals, and outcomes.
- A strategy to be created which establishes common outcomes.
- In-depth research undertaken to assist in recognising potential stakeholders already established within the "system", which could provide assistance or be affected by the Project.
- A flowchart to be developed to provide a visual diagram of how the current "system" is navigated by the clients as well as the complexity of the "system." The diagram should also demonstrate the potential utopia of the Project upon successful completion.
- Needs analysis conducted to identify the process, people, and information and technology required to successfully implement the Project. Some of these processes include intake and assessment, case planning, and execution of the plan and performance feedback.
- Development of a discussion paper to stimulate debate and discussions around the proactive identification of characteristics of a vulnerable person.
- Vigorous examination of all service provider current initiatives, both in remote and urban areas, to identify any duplication, overlap and to eliminate 'silo' operations.
- Examination of current legislative framework around the release and exchange of personal information between agencies and individuals. This may require development of an MOU and SLA to clarify the rules around information exchange.
- Networking with key agencies and the establishment of relationships within those agencies to facilitate the sharing of information and promote a "culture change" within some organisations to ease the exchange of information process.
- The creation of 'client profile' that encompasses information and data from numerous sources including Police, Health, Welfare and the Courts. The information that is used to compose these profiles is accumulated almost on a daily basis and regularly uploaded.
- Conduct an Environmental Scan to identify assessment and screening tools already developed, and in use, that could be adopted for the project.
- Implementation of an overarching communication strategy that includes a media launch, both for informative and advocacy reasons.