Cross-sector case management: Experience of EMRII, a joint team working with homeless people

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Mobile Reference and Intervention Team for Homeless Individuals (EMRII)

- Inter-professional and inter-sectorial team; i.e. Montreal Police Service (SPVM) and a Health and Social Services Center (CSSS – Jeanne-Mance).
- Multidisciplinary team (health workers, social workers, social educateurs and policemen)
- Work with chronically homeless people, follow-up on the streets and case management on a mid- and long-term basis
- Objectives :
  - Increase the effectiveness of community response
  - Development of collaboration,
  - Alternatives to criminalization for chronic homeless people
The research: a descriptive case study

• Observing this team for over six months
  – to examine the ways in which, different and at times divergent, professional cultures were dealt with within the team
  – from this professional “cultural shock” emerge a new practice, giving space to original ways of looking at chronical homeless people

• http://www.cremis.ca/taxonomy/term/25
The context

• Low accessibility of specialized services, service fragmentation, difficult follow-up

• An history of collaboration between services

• The disturbance tag

• Public pressure on police authorities and local municipalities to manage the presence of homeless people in public spaces

• Strong consensus among the scientific and practice communities that innovative police intervention strategies need to be implemented in response to the growing number of homeless persons experiencing criminalization

• Mixed team = innovation
  – Few research to understand and evaluate this innovation
The team

• **Mission**
  Engage in outreach work to reach individuals experiencing homelessness or at risk of homelessness, who are often the object of policing and who show vulnerability factors; refer them/accompany them to the appropriate services according to their needs in order to improve their living conditions and to promote their reintegration (Memorandum on the implementation of EMRII, 2011).

• **Practice**
  • Together on the field
  • Sharing information (ethic/ mission)
  • Follow up
  • Finding solutions – collaboration
The three phases: observe, analyze and act

• **Observe:** Gather information on the person and establish a global profile taking into account various parameters such as health, capacities and needs, previous police interventions and behavior in public spaces.

• **Analyze:** Assessment of risks and on the social network: evaluating requests, respect the rhythm, support, being aware of the dynamic of power. Which intervention will better help the person, while ensuring public safety and coexistence? What are the clinical and ethical challenges raised by this cooperation?

• **Act:** Support the person and convince various players, referral work, collaborative effort and partnership for the person’s recovery. Regularly engage in joint patrols, sometimes in co-intervention. Team professionals will make a distinction between: 1) working with the person and 2) consulting with various interveners in the individual's case.
Outcomes of this collaboration

For health and social professionals (protection factors/risk factors) who advocate assessing the person’s condition:

• Working in co-operation with the police seems to be a potential protection factor for homeless people as well as an additional assessment opportunity: it helps monitor the person more efficiently through services and institutions and get information on their general health and their behavior in the public space through patrols’ reports.

• Implementing intervention practices in spaces that are usually not accessible such as detention centers, to build a better plan for an exit strategy and assess mental or physical health.

• Contributing to the development of recommendations to the court, in concordance with the person’s recovery plan.

• Take part in discussion regarding recommendations to patrols to find alternatives to criminalization and improve living conditions of street people.

• As a last resort, criminalization is used as a lever for psychiatric assessment or to offer treatment. It is a path that health and social workers hesitate to choose.
Outcomes of this collaboration

For policemen and SPVM (non problematic/problematic behavior) public security and social cohabitation

• Develop new benchmarks in police intervention based on evaluation of vulnerability factors by CSSS stakeholders (disabilities, mental health problems or criminal intent, right to self determination).

• Develop legal expertise regarding homelessness. Advise the courts regarding issues regarding safety and harmonious coexistence (taking into account a physical and mental condition assessment of the person).

• Develop new ways to encourage co-existence in the public space by increasing awareness of the person’s environment, the complex challenges of homelessness, the work achieved to-date, and the various people working on the case, etc.

• Develop a greater vigilance regarding certain risk factors and properly perform their protection work as police officers (heat waves).

• Acquisition of new knowledge to deal more effectively with health stakeholders (better communication with hospitals, CLSC, community resources).
What about the results?

– For the people
– For the collaboration
– As an innovation