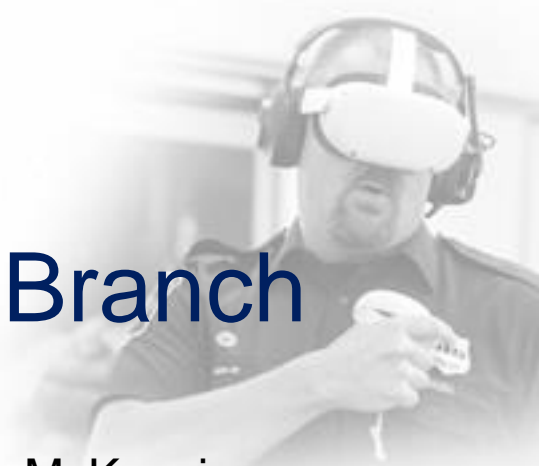


2022

Crisis Response Branch Annual Report

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Community Safety Division



**HAMILTON
POLICE SERVICE**
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Table of Contents

| | |
|---|----|
| Background | 2 |
| Mobile Crisis Rapid Response Teams (MCRRT) | 2 |
| Calls for Service 2022 | 2 |
| Figure 1 MCRRT People Brought to Hospital. | 3 |
| Figure 2 MCRRT Calls for Service..... | 4 |
| Apprehension Rate | 4 |
| Figure 3 Apprehension Rates 2018-2022 | 4 |
| Figure 4 Apprehension Rates by Month 2021 vs 2022 | 5 |
| Hospital Wait Times | 5 |
| Figure 5 Average Wait Times in Hours | 5 |
| Proactive Engagement..... | 5 |
| Serious Incidents and Weapons..... | 6 |
| Crisis Outreach and Support Team (COAST) | 6 |
| Social Navigator Program (SNP)..... | 7 |
| Youth Social Navigator..... | 7 |
| SNP Annual Winter Coat Drive | 7 |
| Figure 6 SNP Winter Coat Drive | 8 |
| Rapid Intervention and Support Team (RIST) | 8 |
| Figure 7 SNP/ RIST Referral Sources 2022..... | 9 |
| SNP/RIST External Referrals | 9 |
| Client testimony | 10 |
| Encampment Engagement Team (EET)..... | 10 |
| Key Differences Between Programs..... | 12 |
| Figure 8 Key Differences Between Programs | 12 |
| Conclusion | 13 |

Background

Mobile Crisis Rapid Response Teams (MCRRT)

MCRRT began as a pilot project from November 2013 to April 2015. The Local Health Integration Network (LHIN) provided funding for five mental health workers to work in conjunction with police officers in a first response capacity. Initial results were encouraging and evidenced by lower apprehension rates of persons in crisis and decreased wait times for police officers and clients in Emergency Departments. As a result of these savings and efficiencies, a decision was made to create a full time partnered response.

On April 12, 2015, a full time MCRRT team was officially launched and now operates with four teams per day consisting of a mental health clinician and a Crisis Intervention Trained (CIT) uniformed police officer. Currently there are eight full-time mental health clinicians and eight full-time police officers dedicated to the program. This provides MCRRT coverage between 8am-4am every day. The Hamilton Police Service Board approved funding for MCRRT police officers in 2015, while funding for the mental health workers was provided by St Joseph's Healthcare Hamilton and the LHIN. Funding for these police officers is now covered by the Community Safety and Policing Grant from the Provincial Government. The deployment times of these teams are as follows;

- Team #1 – 8am-8pm
- Team #2 – 10am-10pm
- Team #3 – 1pm-1am
- Team #4 – 4pm-4am

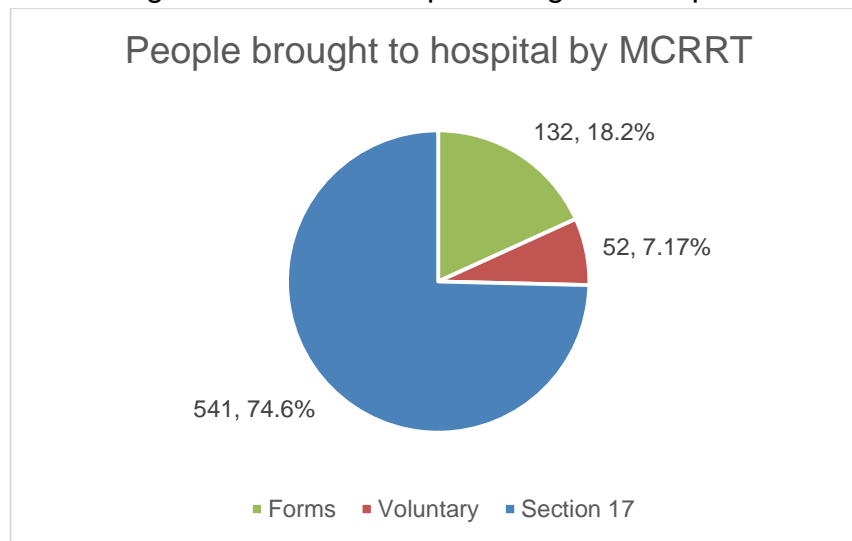
Calls for Service 2022

Between January 1, 2022 and December 31, 2022, MCRRT was mobile for 365 days and responded to 5,413 calls for service involving Persons with Mental Illness (PMI) and non PMI calls, including proactive engagements, such as visits to Indwell Supportive Housing or visiting high acuity locations like shelters and parks.

Of the 5,413 calls for service, 3,665 involved a PMI.

- Of the 3,665 calls involving a PMI, 725 people were brought to hospital for assessment (Section 17, Form, or Volunteer).
- Of the 725 people brought to hospital, 541 persons were apprehended under Section 17 of the Mental Health Act (MHA).
- 52 individuals were taken to hospital voluntarily.
- 132 individuals were taken to hospital on the strength of a Form (Form 1, Form 2, Form 9 and a Form 47).

Figure 1 MCRRT People Brought to Hospital.



The majority of the patients brought to the hospital for assessment are as a result of police forming grounds for a MHA Section 17 apprehension.

Apprehensions are not arrests, they are legislated under Section 17 of the MHA. The conditions for apprehensions under Section 17 of the MHA are;

When a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person,

- (a) has threatened or attempted or is threatening or attempting to cause bodily harm to himself or herself;
 - (b) has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him or her; or
 - (c) has shown or is showing a lack of competence to care for himself or herself,
- and in addition the police officer is of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in,
- (d) serious bodily harm to the person;
 - (e) serious bodily harm to another person; or
 - (f) serious physical impairment of the person,

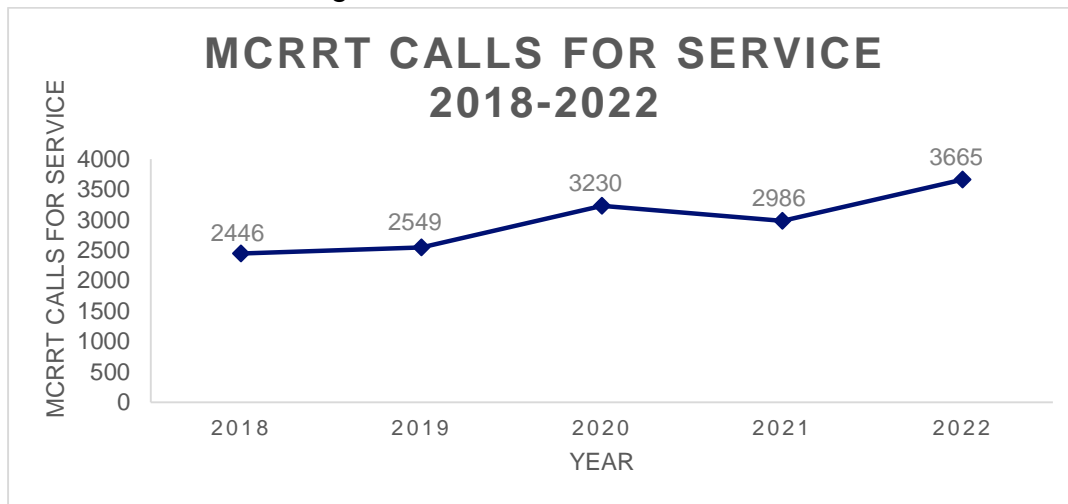
and that it would be dangerous to proceed under section 16, the police officer may take the person in custody to an appropriate place for examination by a physician.

Over the last five years there has been an upward trend of calls for service for persons in a mental health crisis. From 2018 to 2022 there has been a 49.8% increase.

MCRRT Calls for Service

- 2018 there was 2,446 MCRRT PMI calls for service
- 2019 there was 2,549 MCRRT PMI calls for service
- 2020 there was 3,230 MCRRT PMI calls for service
- 2021 there was 2,986 MCRRT PMI calls for service
- 2022 there was 3,665 MCRRT PMI calls for service

Figure 2 MCRRT Calls for Service



Apprehension Rate

In 2022 the MCRRT rate of apprehension was 14.8%. The apprehension rate is the number of Section 17 apprehensions divided by the total number of PMI calls for service. Over the last five years there has been a downward trend in the number of apprehensions despite the upward trend in PMI calls for service. The downward trend in apprehension rates by MCRRT teams is a direct result of better training and having qualified personnel making informed decisions at first contact. In the majority of cases where persons are not apprehended, MCRRT teams can provide referrals for treatment in the community. This initiative reduces the amount of people brought to the Emergency Department by the team de-escalating the situation and then diverting them to community resources.

Figure 3 Apprehension Rates 2018-2022

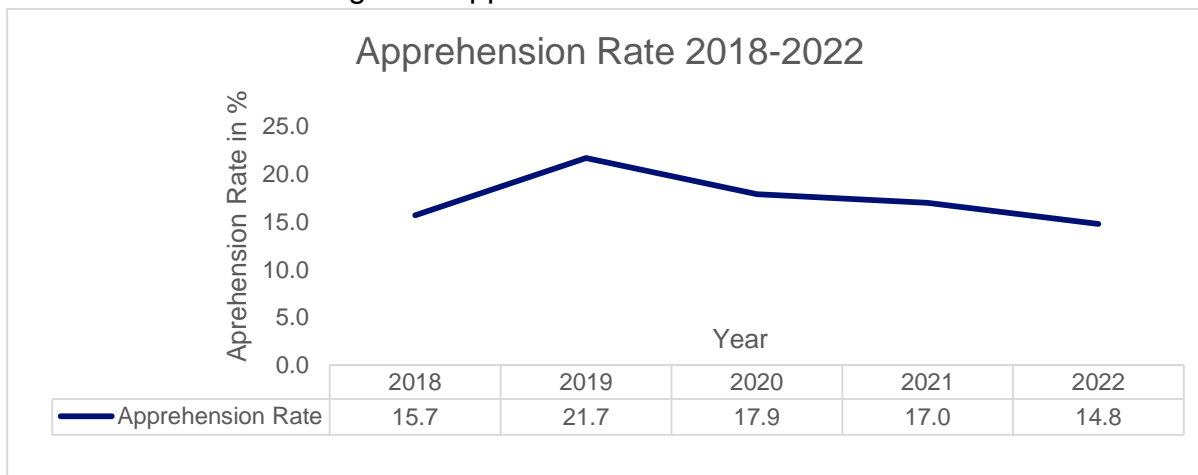
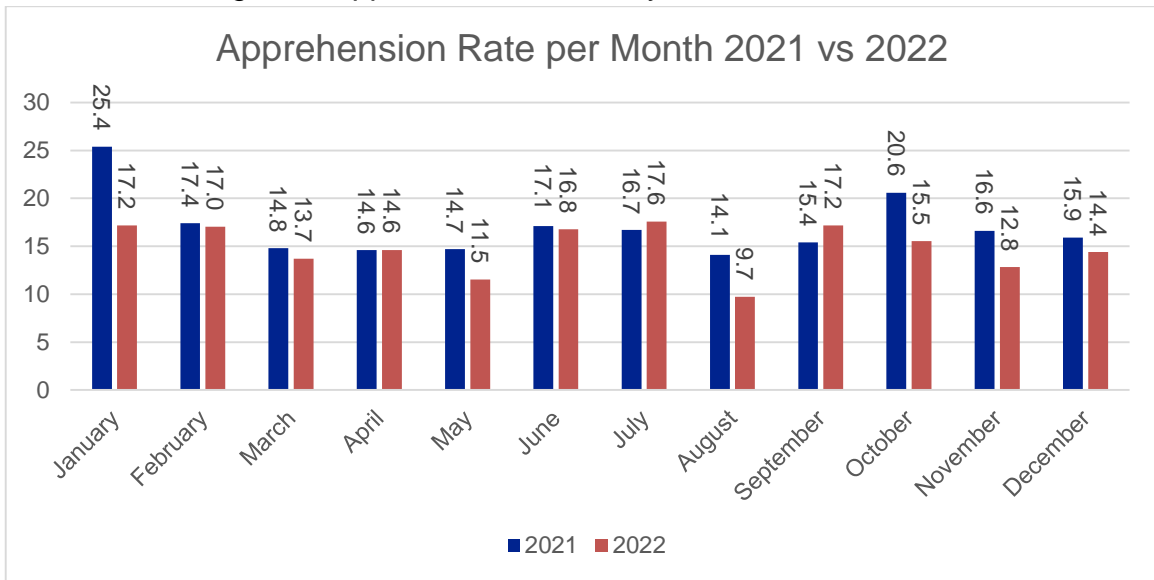


Figure 4 Apprehension Rates by Month 2021 vs 2022

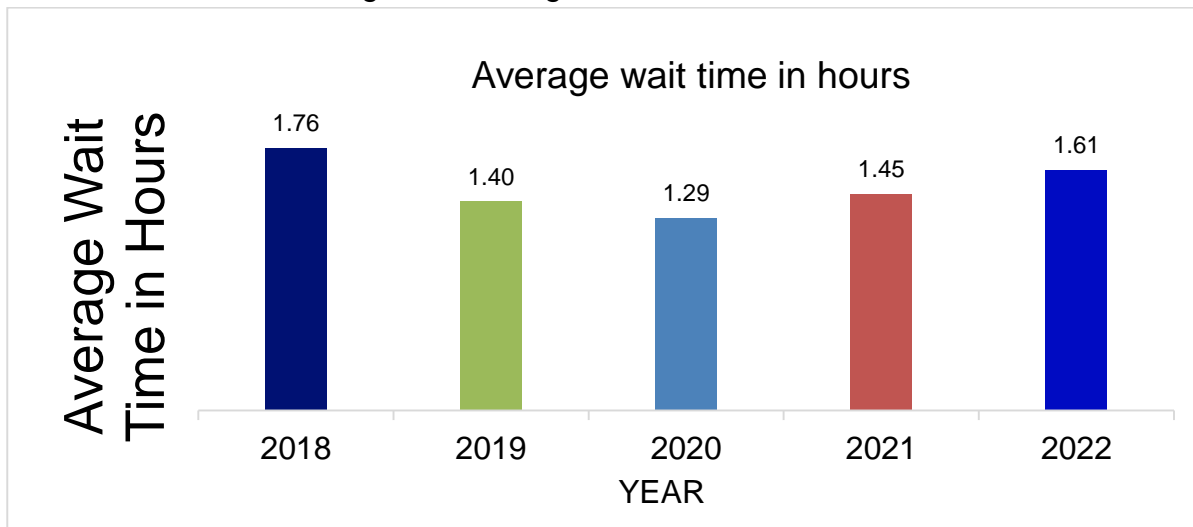


Hospital Wait Times

When a person is apprehended they are taken to St Joseph’s Hospital Emergency Department. Once there, the officer and the person wait in the waiting room to be triaged and assessed by staff. This process requires police to stay with the patient until they progress through triage, are cleared medically, and brought to Psychiatric Emergency Services. In 2022 the total time spent at the hospital by MCRRT was 1,166 hours.

During the 2022 reporting period, the average wait time was 1.61 hours. We have experienced an upward trend in hospital wait times since the start of the pandemic.

Figure 5 Average Wait Times in Hours



Proactive Engagement

In between calls the MCRRT team attends various locations in the city and engages with clients when they are not in crisis. This is a proactive strategy that is meant to build rapport with clients and to provide

coping strategies. When these clients enter into crisis, the officers have already built rapport which helps to de-escalate the situation. In 2022 there were 681 proactive engagements with clients.

Serious Incidents and Weapons

The MCRRT team allows the mental health worker to focus on their expertise while the officer focuses on safety and threats. In 2022, weapons were involved 160 times. As a result, eleven officers and three mental health workers were injured.

Crisis Outreach and Support Team (COAST)

The partnership between the Hamilton Police Service and St. Joseph's Health Care was established in 1997 with the introduction of the COAST program, which was a direct result of the Zachary Antidormi Inquest.

COAST is designed to enable individuals in mental health crisis, who lack necessary supports, to remain within their own environment by providing a range of accessible social services that include outreach assessments, supports and interventions.

COAST provides a 24-hour telephone crisis line, outreach support, and facilitates linkage to community resources. COAST strives to enhance client and family knowledge about resources in the community and educate health agencies regarding the COAST program. COAST also assists in planning and the evaluation of client programs, providing peer support, and facilitating education and staff training.

Currently, the team consists of two full-time police officers and a compliment of mental health clinicians working together to attend to the needs of non-urgent PMI. The team conducts scheduled mobile visits to clients in need. COAST operates seven days a week with police officers working 8am to 8pm. After-hours support is provided by the 24-hour telephone crisis line.

Between January 1, 2022 and December 31, 2022, COAST conducted 1,140 mobile visits. The primary goal of COAST is to provide non-urgent care to persons in their own environment. The COAST teams follow up on calls made to the COAST line. If the call is a real time emergency, COAST call centre staff are trained to forward to 911. In 33 situations COAST had to attend the hospital with clients and spent 69 hours in hospital in 2022.

Of the 33 times that COAST attended the hospital with a patient

- The persons were "voluntary" five times
- 26 persons were apprehended under Section 17 of the MHA
- Two persons were apprehended on an MHA form

When the COAST team meets with clients they conduct an assessment to determine if there is the presence of acute mental health conditions and ensures that referrals, continuity of care, and community supports are in place. In 2022 the team made 399 community referrals.

Social Navigator Program (SNP)

In July 2011 Hamilton Police Service collaborated with the City of Hamilton Neighbourhood Renewal, the City of Hamilton Economic Development Committee, and Emergency Medical Services (EMS) to create the Social Navigator Program (SNP). Originally, the SNP fell under the ACTION strategy, however, in 2017 it was repositioned within the Community Mobilization Division and a full-time SNP Coordinator position was added.

The mandate of the program is to connect and support individuals through a referral process, by engaging social and healthcare agencies in the City of Hamilton. The goal is to reduce reliance on the judicial and healthcare systems by navigating clients toward the appropriate agency to improve the health, safety and quality of life for all citizens. The team is currently made up of eight members that include the Social Navigator paramedics, Social Navigator police officers and a civilian Social Navigator Coordinator.

The combination of diverse skill sets, medical knowledge, and enforcement allows for flexible and tailored interventions in a community setting for at-risk individuals. SNP is a resource for officers to seamlessly identify, connect, and follow up with at-risk individuals in the community. Since implementation, the program has evolved and now accepts court-mandated clients and receives referrals from community partners such as shelters, hospitals, and the detention centre.

In 2021, there was an increase in demand for services and support as a result of the pandemic. HPS redeployed two officers from the front-line into SNP to increase the compliment of officers to three.

Due to high demand for the program, in 2022 the Hamilton Police secured funding through the Community Safety and Policing grant to enhance the SNP by developing the Rapid Intervention and Support Team (RIST). RIST is an extension of SNP and is a multi-disciplinary outreach team of subject matter experts from community agencies. Two Youth Social Navigators were also added to SNP to bring the complement of officers to five.

Youth Social Navigator

Traditionally, police define a youth as a person under the age of 18, however, there are public agencies that classify youth as a person up to 26 years of age. These older youth were an underserved population, many who have aged out of care but still have complex needs. In 2022 HPS expanded SNP to include two Youth Navigators. These Youth Navigators engage youth in the community, encampments, on the street, and drop in centres to support their needs in the same way that the Adult SNP officers would.

SNP Annual Winter Coat Drive

The SNP Annual Coat drive was an initiative born out of compassion from the team members towards clients that they encountered in the winter months. Many clients did not have the proper winter attire. Starting in 2014, officers and paramedics started collecting winter clothing items from their colleagues and families to be distributed in the community.

The 2022 Winter Coat Drive took place over two nights in November at Philpott Church where 578 Winter Coats were given to community members that needed it.

There were numerous new Canadians in attendance who had not yet experienced a Canadian winter. One family who attended came to Canada in September 2022 from West Africa. They did not have any winter clothing and were very grateful to SNP for providing their children with appropriate winter clothing.

Figure 6 SNP Winter Coat Drive

| Year | 2022 | 2021 | 2020 |
|---|------------|------------|------------|
| Day 1 | 259 | 146 | 63 |
| Day 2 | 297 | 135 | 123 |
| Total | 556 | 281 | 186 |
| Additional coats given out prior to event | 22 | N/A | 10 |
| TOTAL COATS | 578 | 281 | 196 |

Rapid Intervention and Support Team (RIST)

In 2021 the SNP recognized that the needs of their clients would be better served with a multi-disciplinary team of experts working together daily. They found through experience that cases needed to be managed in a more coordinated manner so that clients would be able to access community supports in a timely fashion and to be followed up with regularly. The SNP team envisioned a coordinated rapid response and support team that would bring together key community agencies to discuss and conduct outreach with complex needs clients on a daily basis. In 2021, the executive directors from numerous community agencies were invited to join with the HPS SNP team by writing letters of commitment to RIST. Many agencies cited funding as a barrier to dedicated staffing for RIST. In 2022, HPS applied for and received a Community Safety Policing - Local Priority Grant which built in community agency salaries. This money was given directly to the community agencies for them to hire staff to work alongside the current SNP. Seven new agencies agreed to partner with HPS to support clients with complex needs.

The agencies that partnered with HPS and the staff they provided are:

- St Joseph’s Healthcare – Mental Health Navigator
- Hamilton Regional Indian Centre – Indigenous Navigator
- John Howard Society – Court Liaison
- YMCA – Youth Navigator
- Interval House – Women’s Navigator
- Canadian Mental Health Association – Addictions Navigator
- Wesley Urban Ministries – Housing Navigator

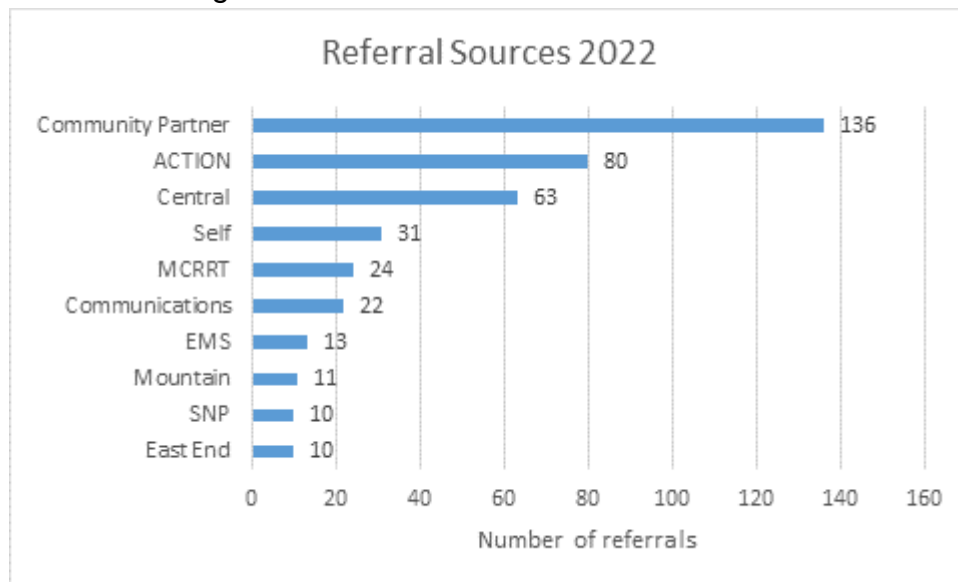
On April 1, 2022 RIST became a multi-disciplinary outreach team of experts from the community who work together daily in a team led setting to provide resources and support to the most complex and marginalized individuals in Hamilton. This team is focused on supporting vulnerable and marginalized individuals with complex and often concurrent issues to navigate equally complex systems and receive supports for court related matters, the justice system, housing, shelters, medical appointments, public health, identification, addictions, mental health, family supports, and many others.

RIST aligns with the Community Safety and Well-Being Plan due to its collaborative nature and the aim to keep clients out of the judicial system and to mitigate the impact on the medical system.

Although the grant funding started in April 2022 it took time to recruit and hire people from within the respective agencies.

For 2022, 400 people were referred to the SNP and RIST program. These referrals came from several sources, the top two being HPS officers in ACTION, front line patrol, MCRRT and SNP (49.5%), and RIST's own community partners (34.0%).

Figure 7 SNP/ RIST Referral Sources 2022



From these 400 referrals, the SNP/RIST had contact with 832 unique individuals in 2022 which resulted in 10,052 services delivered to clients (referrals, services provided, contact made, and check-ins).

Many times SNP and RIST members would respond to a referral at encampments, shelters, and drop in centres, and as a result, the team would often interact with many more people than originally responding for. There are also many clients who have interactions with the RIST members that result in multiple services given to them.

On average the SNP/ RIST group interacted with 215 clients per month.

SNP/RIST External Referrals

RIST is an extension of SNP and is a multi-disciplinary outreach team who meet in person, daily, to discuss client's needs, cases, appointments, etc. Tasks are presented to the team by the SNP Coordinator and then the team decides which agency is best suited to complete the task. The team goes out into the field, meets with clients and then if there is an additional need, the team refers the client to external agencies for further service delivery.

In 2022, SNP/RIST made 457 service referrals to various agencies for their clients. The majority of referrals were for housing supports (38.7%), shelter (17.1%), mental health (9.41%), addiction support (5.69%), income support (4.59%), identification (4.16%), food bank registration (1.97%), primary care or connection to shelter

health network (1.53%), and the remaining 16.9% captured “other” types of referrals that don’t fall into the above mentioned categories such as brain injury services, women’s counselling, youth programs, court support, peer support, outreach, veteran affairs, taxes, seniors supports etc.

Client testimony

As the team engages with clients, helping them navigate the complex system, clients have shared many words of gratitude towards the team. Some clients agreed to share the below testimonials anonymously:

"Be dead without it. I first started working with SNP in 2020 at the Ferguson encampment. They supported through my journey from homelessness to being housed. Also from illicit drug use onto safe supply and finally stability. During this time they helped me secure housing, obtain ID and a bank account and worked with me on legal and judicial issues. Without my involvement/relationship with social navigator program I am not sure where my life would be. I believe I would still be sleeping rough and using, in jail or dead. I wanted to write this letter to thank the program for what they have done for me and countless others."

"Without SNP/RIST I wouldn't have got the prescriptions I needed for my infection. Wouldn't have my finger today if not for the program. My girlfriend got her warrants taken care of with the help of the program."

"My experience was a positive one. It was instrumental in finding a more suitable shelter and getting me into the TLP program at the YWCA."

"Found me affordable safe bug free housing with Indwell. Guided me through a few moves before this move. Most important listened to my story without judgement. If I had not become part of this program I would be in a very dark place or dead. We need more navigator programs."

"With everything. Major support with housing, self worth, mental health, trust building with people in uniform, (landlords), supportive in court, with landlords, helping with income, peer support training allowing me to return to the work force. Without them I would not be here more than likely would have died. Getting onto the safe supply program."

These testimonials are just a few of many that the team hears on a daily basis.

Encampment Engagement Team (EET)

In 2022, encampments continued to be an issue throughout the City of Hamilton. Although it is difficult to ascertain an exact number of encampments due to the transient nature of them, there were several key sites that the Police and City of Hamilton workers were called to on a regular basis. In 2021 encampment advocates brought a court injunction that challenged the City of Hamilton By-law regarding the enforcement of encampments in City parks. On November 3, 2021 Justice Goodman ruled that the By-law 01-129 is valid and that the City could enforce the By-law.

The City of Hamilton Municipal Law Enforcement requested assistance from the HPS to support them in mitigating the impact of encampments on the greater community, and to reduce risk to individuals living in the rough. In April 2022, HPS created an Encampment Engagement Team (EET) to support the encampment response in a way that was aligned with the Social Navigator Model. This team was made up of one acting sergeant and four constables. They reported to the Staff Sergeant of Crisis Response and worked in the Crisis Response Branch. The team was designed to be an engagement unit, not an enforcement unit.

The EET was responsible for:

- Encampment identification
- Encampment assessment and prioritization
- Outreach and support services
- Partnering with Municipal Law Enforcement to coordinate encampment clean up
- Responding to calls for service at encampments
- Verifying location of encampment and de-confliction
- Supporting Municipal Law Enforcement in By-Law enforcement
- Sharing information with City of Hamilton partners
- Proactive patrol of former encampment sites

The team was in place from April 20 to September 4, 2022 when they were redeployed back to the front line due to staffing challenges.

From April 20, 2022 to September 4, 2022 the Encampment Engagement Team completed 594 site visits, identified 573 structures or tents, completed 47 SNP referrals for service, and made contact with 872 people. Eleven arrests did occur during this time for outstanding warrants, assaults, breach of conditions, possession of weapons, and other criminal offences. No person was charged or arrested for living in an encampment.

The team worked alongside MLE and city staff who did the clean ups and clean arounds. Their role was to keep staff safe, keep the peace, and to mitigate any situation that would arise. The team conducted 47 clean ups and 51 clean arounds during this time.

Key Differences Between Programs

Figure 8 Key Differences Between Programs

Table 1 Summarizes key components and differences between MCRRT, COAST, and SNP/RIST

| | Mobile Crisis Rapid Response Team (MCRRT) | Crisis Outreach and Support Team (COAST) | Social Navigation Program (SNP) and RIST |
|-----------------------------|---|---|--|
| Team | Mental Health Clinician & uniformed Officer (marked patrol vehicle) | Mental Health Clinician & plain clothes Officer (unmarked patrol vehicle) | Paramedic, Police Officer, Program Coordinator Community Partners |
| Hours of Operation | 10:00am-4:00am; 7 days/wk. | 24hr crisis line Officers work between 8:00am & 10:00pm; 7 days/wk. for mobile visits | 7:00am-7:00pm; 7 days/wk. |
| Key services offered | Respond to urgent 911 calls Responds to actively suicidal individuals May assist Officers who are on a person in crisis call | Support persons in crisis through telephone support or mobile visits Client receives support, follow-up, and referrals within 24 hours | Support clients who struggle with mental health, addiction, homelessness, and poverty (provides case management) |
| Focus | People experiencing immediate/urgent crisis | People experiencing non-urgent mental health crisis | People who have high police involvement and individuals that fall through the cracks |
| What teams do not do | Does not act in the role of crisis negotiator Does not offer follow up or case management Does not actively look for missing "PIC" or persons placed on a "MHA form" when their location is unknown | Does not respond to 911 Does not respond to barricaded or calls involving weapons Does not respond to calls involving actively suicidal person(s) Does not execute mental health related forms | Is not dispatched to 911 calls Does not conduct mental health assessments |

MCRRT

- Uniform police officer with mental health worker driving a marked police cruiser
- 7 days a week 20 hours a day
- Urgent 911 response

COAST

- Plain clothes police officers with mental health worker driving a plain door vehicle
- 24 hour crisis line, 7 days a week response over 14 hours a day.
- Support through telephone or mobile visit
- Not urgent mental health crisis

SNP and RIST

- Uniformed police officer with uniformed Paramedic and plain clothes community partners
- 7 days a week 12 hours a day response
- Case management and mobile visits
- Not a 911 response

Conclusion

The five teams that make up the Crisis Response Branch are a result of great partnerships that the Hamilton Police have made over several years of collaboration and teamwork. The CRB represents \$2,877,554.12 dollars received in 2022 through Community Safety and Policing provincial grant funding to assist high-needs clients in the City. This funding helps staff CRB with a wide variety of experts including police officers trained in crisis response, EMS paramedics, mental health workers, occupational therapists, nurses and representatives from many community organizations that reflect Hamilton's diverse population. These teams work day in and day out to serve those in our community who need assistance. It is not an exaggeration to say that we would not be nearly as successful without these key partnerships and that they are the backbone of outreach and support across the city.