Hamilton Police Service

Crisis Response Branch
Community Mobilization Division
2020 Annual Report
Amended Version

Submitted by
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Year End Report – Crisis Response Branch Appendix 'A'

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Executive Summary

The Hamilton Police Service (H.P.S.) in collaboration with St. Joseph's Hamilton Healthcare has piloted and developed programs to assist vulnerable individuals, and persons experiencing a mental health crisis. Meaningful partnerships have allowed the H.P.S. and our community partners to effectively assist individuals with mental health concerns in a timely manner.

In April 2015, on a pilot basis, the Hamilton Police Service created the Crisis Response Branch (C.R.B.) by combining the following three programs.

- Crisis Outreach and Support Team (COAST)
- Mobile Crisis Rapid Response Team (MCRRT)
- Social Navigator Program (SNP)

The C.R.B. reports to the Superintendent of the Community Mobilization Division. The unit allows the Hamilton Police Service and its community partners to identify and respond to complex mental health issues, and deliver the highest quality of service under one unified command.

The Crisis Response Branch combines Police Officers, Paramedics and Mental Health Workers. C.R.B responds to persons experiencing immediate and secondary mental health crises in the City of Hamilton. The program has dramatically decreased the number of persons being brought to Hospital Emergency Departments and increased the number of individuals referred to social agencies. These programs have resulted in reduced wait times in Hospital Emergency Departments, substantially lower apprehension rates, more consistent care for clients, and less reliance on the Judicial System. These deliverables result in financial savings to both the Police Service and Health Care Facilities.

The creation of the MCRRT/ COAST/ SNP as a coordinated unit is unique. The positive program outcomes have led to numerous inquiries from other Police Services, with many Services adopting the Hamilton Police Service model as a best practice.

This report will highlight the three combined teams, which make up the Crisis Response Branch and their associated outcomes and successes.

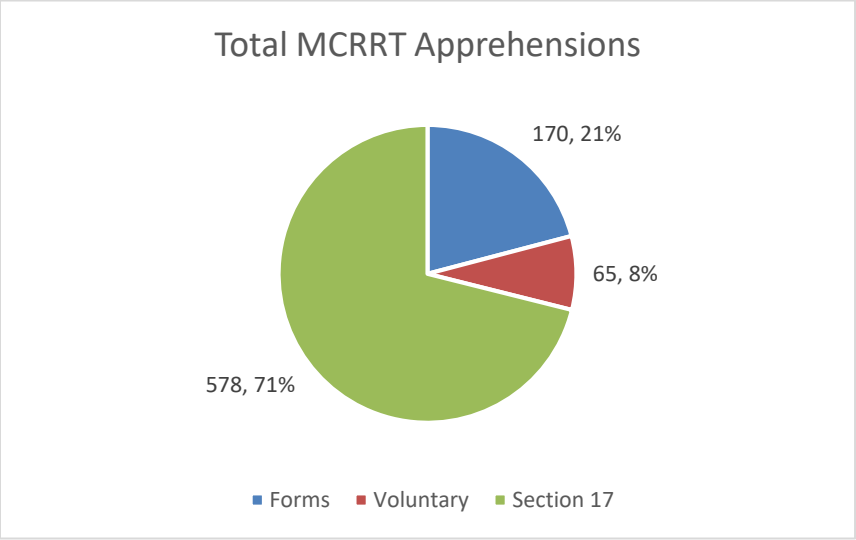
Mobile Crisis Rapid Response Teams (MCRRT)

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 dramatic savings and efficiencies, a decision was made to create a full time partnered response.

On April 12th, 2015, a full time MCRRT response was officially launched and now operates with three (3) teams per day consisting of a Mental Health Clinician and a Crisis Intervention Trained (CIT) uniformed Police Officer. Currently there are six full-time Mental Health Clinicians and six full-time Police Officers dedicated to the program. This provides MCRRT coverage between 0800hrs-0100hrs every day. Staffing for these Police Officers was approved by the Hamilton Police Service Board in the 2015 budget, while funding for the Mental Health Workers is provided by St Joseph's Healthcare Hamilton and the LHIN.

Between January 1, 2020 and December 31, 2020, MCRRT was mobile for 365 days and responded to 3,230 individuals in crisis. Of the 3,230 individuals seen, 813 were brought to hospital. Of the 813, 578 were apprehended under Section 17 of the Mental Health Act,170 individuals were apprehended on the strength of Mental Health Act Forms while 65 individuals were taken to hospital voluntarily.

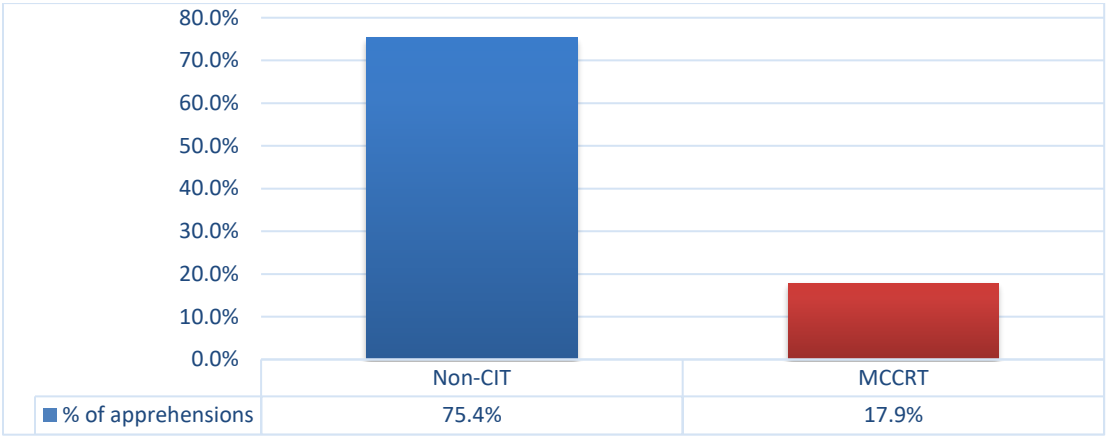
Prior to the deployment of MCRRT, the apprehension rate with two uniformed officers was 75.4%. With the MCRRT response, the rate of apprehension in 2020 was 17.9%. The reduction in apprehension rates by the MCRRT teams is a direct result of better training and having qualified personnel make informed decisions about the nature of the incident and client assessment at first response. The persons most in need are brought to hospital for assessment at the right time, while those who require treatment in the community are not taken to hospital.



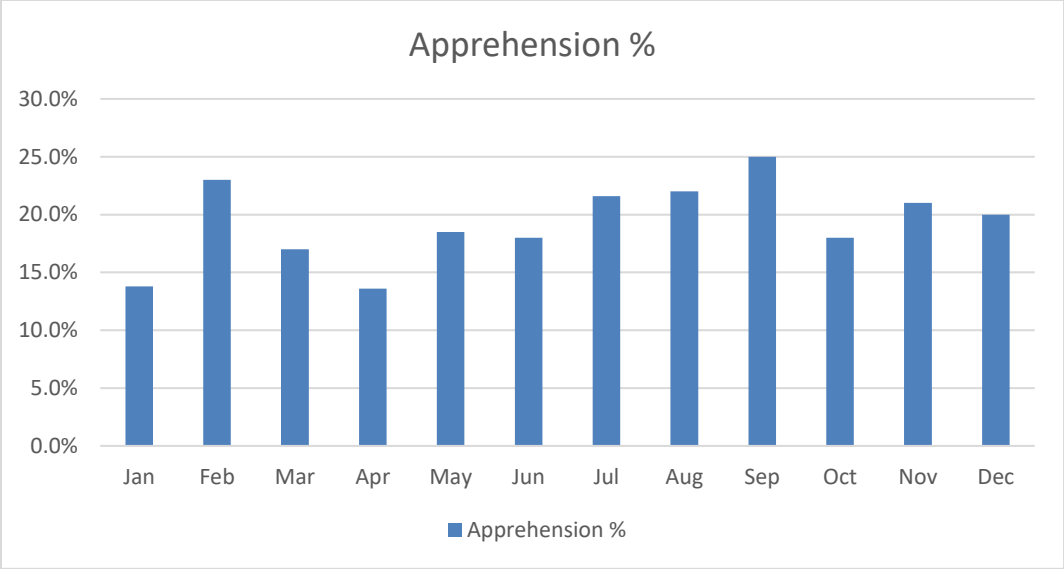
Historically, uniformed officers with clients spent an average of eighty minutes in Hospital Emergency Departments waiting for care. With the MCRRT response, police officers and clients now spend an average of sixty minutes in hospital waiting for care. The result is far fewer client visits and far less time spent waiting.

Upon review of the data from January 1st, 2020, to December 31st, 2020, and using a 75.4% apprehension rate with an average eighty-minute wait time, it can be estimated that 2,435 of the 3,230 individuals seen would have been taken to hospital by patrol officers if the MCRRT response was not available. Police officers would have spent approximately 6,493 hours in hospital Emergency Departments. Using the MCRRT response with the improved sixty-minute wait time and lower apprehension rate, the combined savings for the 1-year period are dramatic. The MCRRT response showed a saving of approximately 6,493 hours of police officer time associated with and compared to the historic two-officer response. The savings in hours equates to approximately three (3) full time police officer positions.

Historical vs 2020 MCRRT Apprehension rates

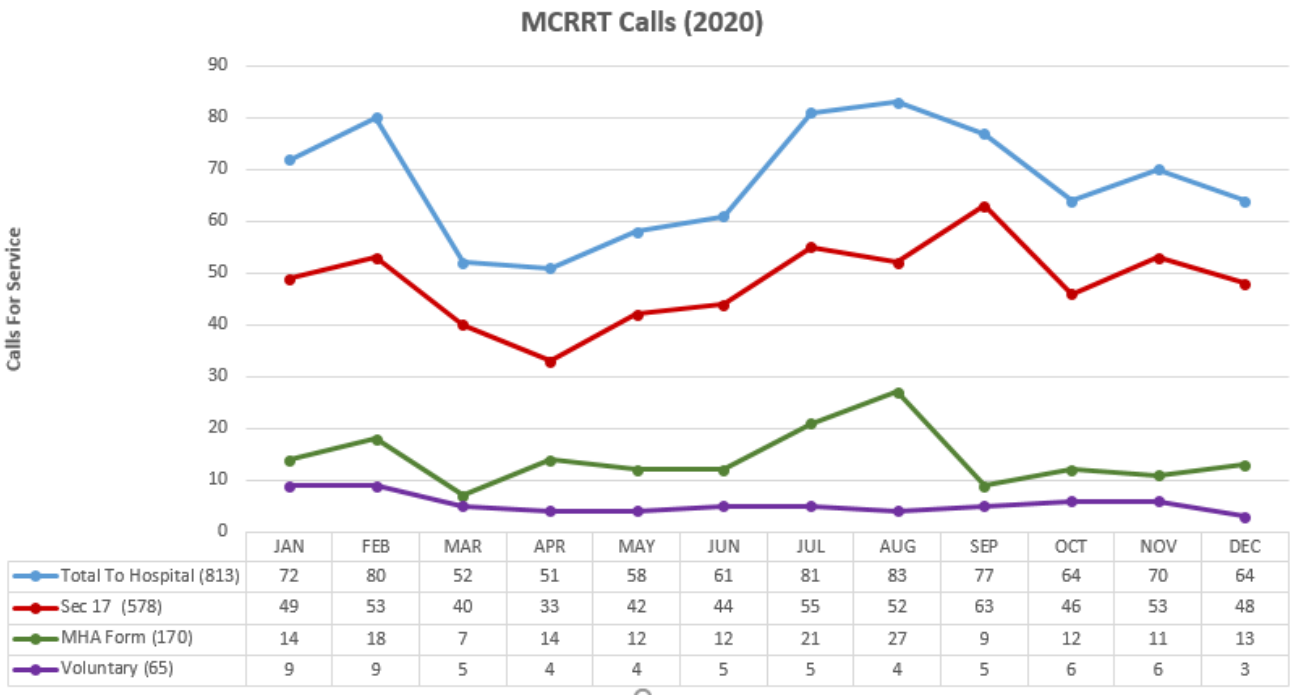


MCRRT Apprehension rates by month (2020)



The MCCRT response provides efficiencies by reducing the time spent by police in the hospitals and it reduces the impact on services provided by hospitals particularly in Emergency Departments, but most importantly, it provides a better quality care to persons in crisis in a timely manner.

MCRRT calls for service between January 1st 2020 and December 31st 2020



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total To Hospital (813)	72	80	52	51	58	61	81	83	77	64	70	64
Sec 17 (578)	49	53	40	33	42	44	55	52	63	46	53	48
MHA Form (170)	14	18	7	14	12	12	21	27	9	12	11	13
Voluntary (65)	9	9	5	4	4	5	5	4	5	6	6	3

Crisis Outreach and Support Team (COAST)

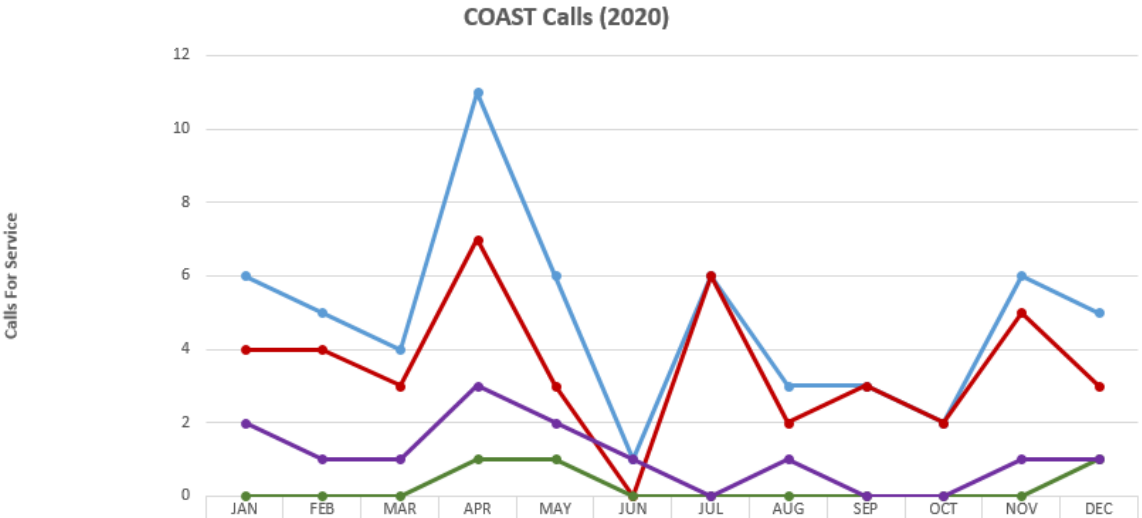
The partnership between the Hamilton Police Service and St. Joseph's Health Care was established in 1997 with the introduction of the COAST program, which was a direct result of the Zachary Antidormi Inquest. COAST is designed to enable individuals in mental health crisis, who lack necessary supports, to remain within their own environment by providing a range of accessible social services that include outreach assessments, supports and interventions.

COAST provides a 24hr. 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 Persons in Crisis. The team conducts scheduled mobile visits to clients in need. COAST operates 7 days a week with police officers working 8am to 8pm. After-hours support is provided by the 24-hour telephone crisis line.

Between January 1st and December 31, 2020, COAST conducted 1,319 mobile visits. A primary goal of COAST is to provide care to persons in crisis in their own environment. Despite this, COAST still spent 89.15 hours in hospital between January and December 2020.

COAST calls for service between January 1st 2020 and December 31st 2020



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total To Hospital (58)	6	5	4	11	6	1	6	3	3	2	6	5
Sec 17 (42)	4	4	3	7	3	0	6	2	3	2	5	3
MHA Form (3)	0	0	0	1	1	0	0	0	0	0	0	1
Voluntary (13)	2	1	1	3	2	1	0	1	0	0	1	1

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 Social Navigator Program fell under the ACTION strategy, however, in 2017, it was repositioned within the Community Mobilization Division and a full-time HPS Coordinator was implemented.

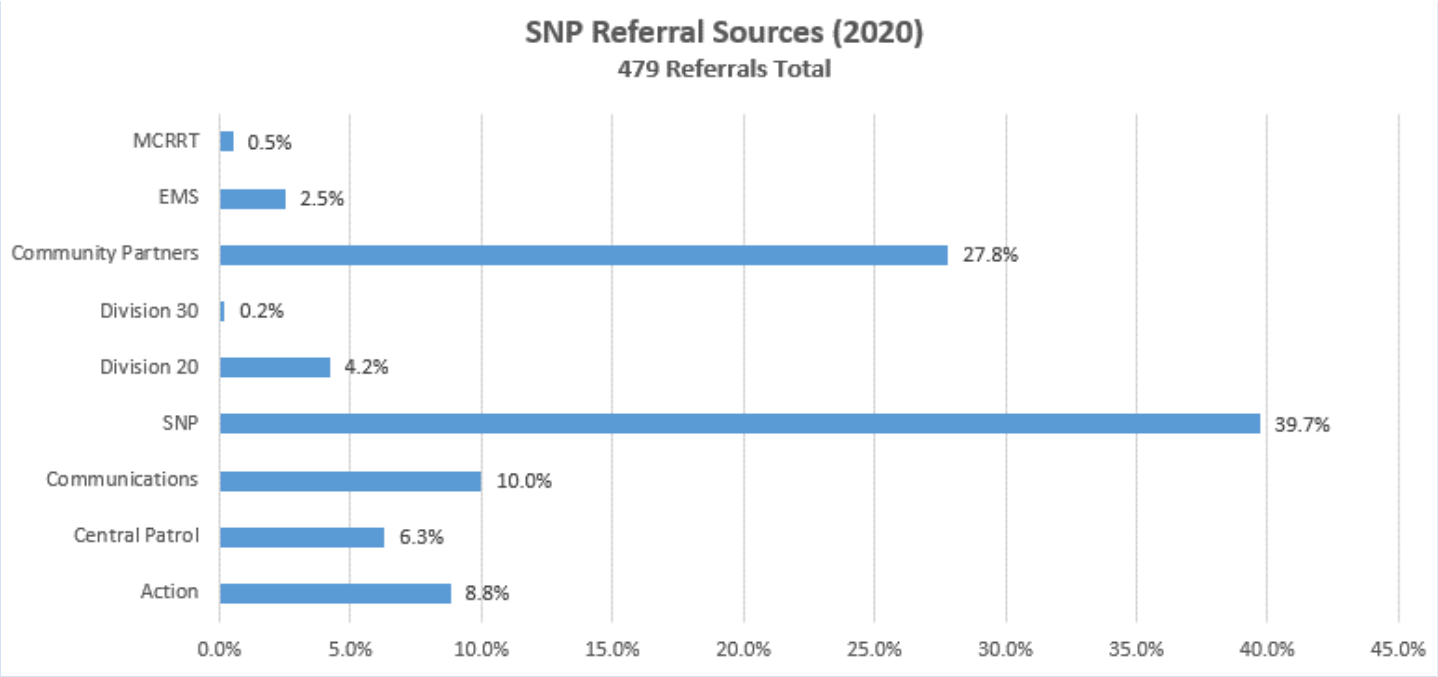
The mandate of the program is to connect and support individuals through a referral process, by engaging social and healthcare agencies in the City of Hamilton. The goal is to reduce reliance on the judicial and healthcare systems by navigating clients toward the appropriate agency to improve the health,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

The combination of diverse skillsets, medical knowledge, and enforcement, allows for flexible and tailored interventions in a community setting for at-risk individuals. The SNP is a tool for officers to seamlessly identify, connect, and follow up with at-risk individuals in the community and support the work of individual police officers. 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 center.

Outcomes for 2020:

In 2020, 479 people were referred to SNP. These referrals came from several sources: 27.8% from community partners, 10% from communications, 6.3% from Division One Patrol, 8.8 % from ACTION, 39.7% from SNP (up from 10% in 2019 due to encampment engagements), 2.5% from EMS, 4.2% from Division Two Patrol, 0.2% from Division Three Patrol, and 0.5% from MCRRT.

	January	February	March	April	May	June	July	August	September	October	November	December	**Total**	**Percent**
ACTION	1	1	3	0	4	9	4	3	4	4	5	4	42	8.8%
Central Patrol	2	1	1	2	2	2	2	3	0	8	3	4	30	6.3%
Communications	2	6	8	6	9	5	0	3	0	3	4	3	49	10%
SNP	4	9	4	54	14	15	9	19	14	24	9	15	190	39.7%
East End	0	0	1	10	0	0	7	1	0	0	1	0	20	4.2%
Mountain	0	0	1	0	0	0	0	0	0	0	0	1	2	0.2%
Community Partner	25	19	6	16	6	5	8	7	7	9	12	13	133	27.8%
EMS	0	0	1	1	1	0	3	2	3	1	0	0	12	2.5%
MCRRT	0	0	1	0	0	0	0	0	0	0	1	0	2	0.5%
Total	34	36	26	89	36	36	33	38	28	49	35	39	**479**	**100%**



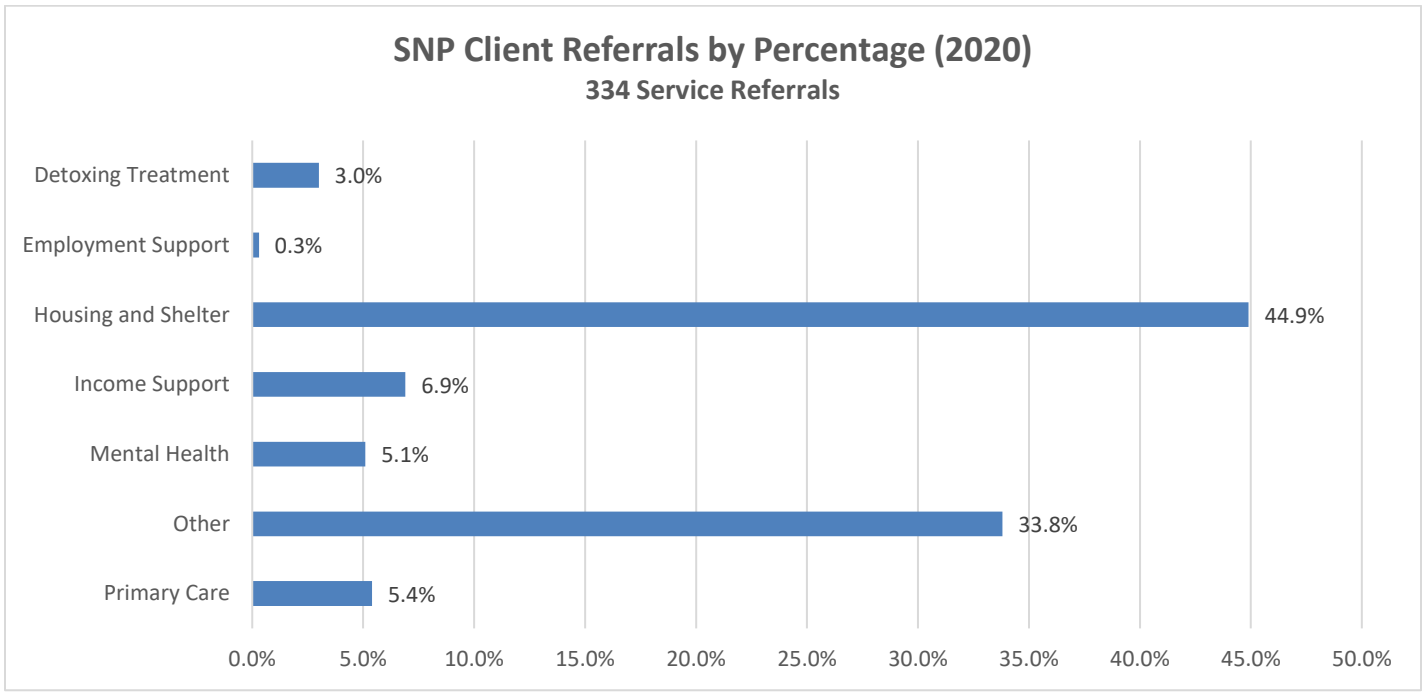
From these referrals, the SNP had 77 active intensive case management clients in 2020 however services were adapted to help respond to COVID-9 which resulted in an additional 512 contacts. SNP made contact with 589 unique individuals in 2020, and 479 referrals were made.

In 2020, the SNP made 334 service referrals to various agencies for their clients. There are seven standard categories that SNP refers to for service, as well as “other” services that do not fit in the traditional classifications. Other services total 33.8%. These include less common services such as, attending medical appointments, assisting with court matters, getting food or clothing, etc. The remaining services were for housing and shelter (44.9%), income support (6.9%), primary care (5.4%), mental health (5.1%), detox and treatment (3.0%), and employment support (0.3%).

Year	Developmental	Employment	Income Support	Primary Care	Detox/ Treatment	Housing/Shelter	Mental Health	Other
2019		3	12	18	11	66	25	106
2020	2	1	23	18	10	150	17	113
Total	0.6%	0.3%	6.9%	5.4%	3.0%	44.9%	5.1%	33.8%

Encampments

In 2020, there was an increased demand on SNP as it relates to homelessness and encampments. During this time, an Encampment Response Team was formed, led by the City of Hamilton. The Encampment Response Team includes staff from, City Housing, City Outreach and Support, along with SNP staff. This newly formed team works in close partnership on the challenging and difficult task of homelessness. SNP has been instrumental in providing appropriate referrals to clients while working in collaboration with the Encampment Response Team. In 2020 SNP and City Outreach staff interacted with 604 individuals at 91 active sites throughout the city.


SNP Client Referrals by Percentage (2020)
334 Service Referrals
Detoxing Treatment
3.0%
Employment Support
0.3%
Housing and Shelter
44.9%
Income Support
6.9%
Mental Health
5.1%
Other
33.8%
Primary Care
5.4%
0.0%
5.0%
10.0%
15.0%
20.0%
25.0%
30.0%
35.0%
40.0%
45.0%
50.0%

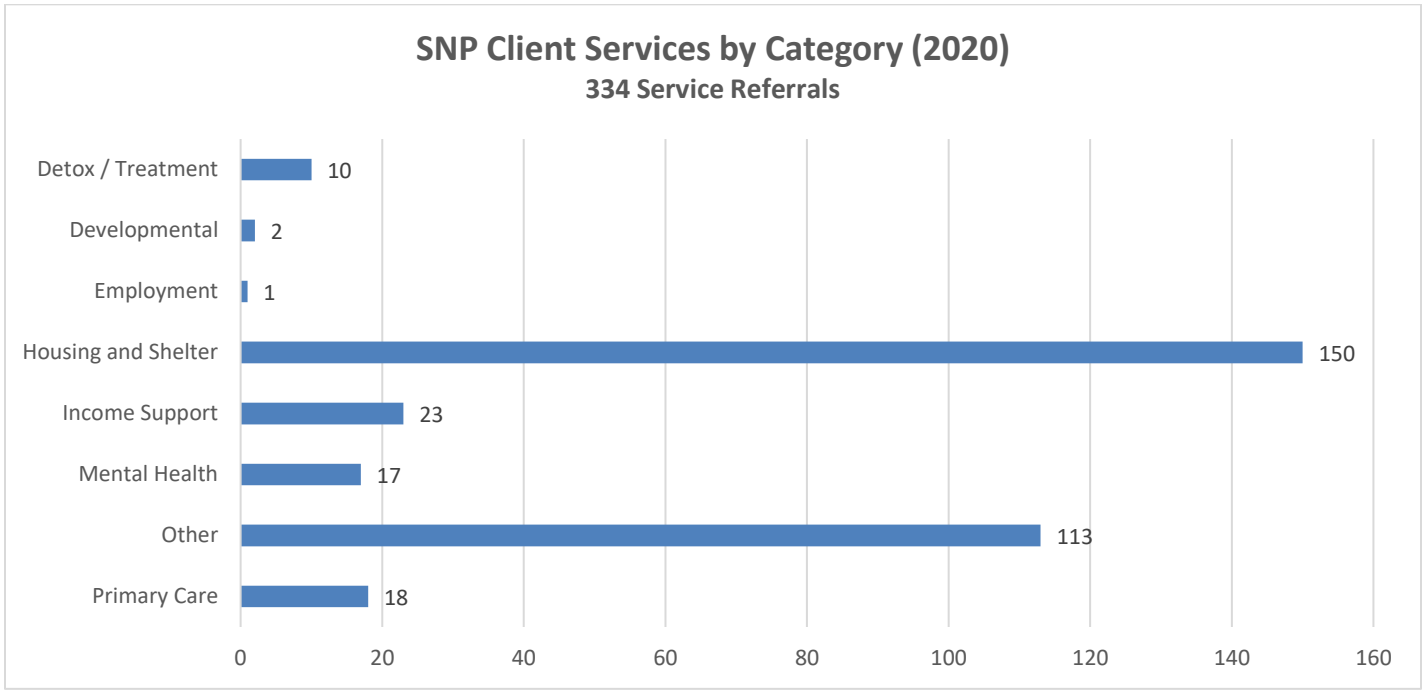

SNP Client Services by Category (2020)
334 Service Referrals
Detox / Treatment
10
Developmental
2
Employment
1
Housing and Shelter
150
Income Support
23
Mental Health
17
Other
113
Primary Care
18
0
20
40
60
80
100
120
140
160

Table 1 Summarizes SNP trends since implementation

	2011- 2012	2013	2014	2015	2016	2017	2018	2019	2020
Number of referrals to SNP	unknown	91	108	148	208	244	264	283	479
Number of -Intensive Case Management (carry over from previous year)	74	46	52	81	93 (19)	96 (20)	112 (26)	105 (30)	77 (35)
Number of new court mandated clients	3	8	8	13	17	12	12	11	2
Number of court mandated clients	3	10	13	15	27	25	22	14	4
Repeat clients	unknown	unknown	25% (13)	11% (9)	14% (13)	9.4% (9)	7% (8)	1% (1)	6% (5)
Number of service connections made by SNP	unknown	142	111	156	231	203	208	241	334
Number of clients already connected (no intervention required)	U/K	28	26	10	25	21	7	24	22
Number of clients that declined service	U/K	11	14	13	10	22	3	3	3
Number of additional individual assisted by SNP that were not made SNP clients (case management and repeat contact not required)	**Note in 2020 how clients were categorized changed due to COVID19. SNP did not have time to offer intensive case management but was offering supports and referrals for those sleeping rough. Therefore many in this category in 2020 had frequent contact with SNP.**					161	200	301	512
Number of Unique Individuals SNP had contact with..						257	312	406	589

Key Difference between Programs

Table 2 Summarizes key components and differences between MCRRT, COAST, and SNP

	Mobile Crisis Rapid Response Team (MCRRT)	Crisis Outreach and Support Team (COAST)	Social Navigation Program (SNP)
Team	Mental Health Clinician & uniformed Officer (marked patrol vehicle)	Mental Health Clinician & plain clothes Officer (unmarked patrol vehicle)	Paramedic, Police Officer, Program Coordinator (EMS truck)
Hours of Operation	10:00am-1:00am; 7 days/wk.	24hrs crisis line Officers work between 8:00am & 10:00pm; 7 days/wk. for mobile visits	8:00am-4:00pm; Mon-Fri
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 situations -Does not respond to calls involving weapons -Does not respond to call involving actively suicidal person -Does not execute mental health related forms	-Is not dispatched to 911 calls -Does not conduct mental health assessments

Conclusion

The Crisis Response Branch has improved how the Hamilton Police Service and its Health Care Partners respond to persons in crisis. Vulnerable individuals are receiving quality, timely and coordinated service to address their mental health needs. Persons experiencing a mental health issue or crisis are receiving the right care at the right time and receiving appropriate follow up support.