

2023

Crisis Response Branch Annual Report - Appendix A

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Community Safety Division



**HAMILTON
POLICE SERVICE**
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Background

The Hamilton Police Service (HPS) Crisis Response Branch (CRB) in partnership with a number of community agencies, developed multiple responses to support vulnerable and marginalized individuals and those experiencing mental health issues.

In April 2015, Hamilton Police created the Crisis Response Branch (CRB) by combining the following three programs:

- Crisis Outreach and Support Team (COAST). Police officers in plain clothes and St Joseph's Hospital mental health workers.
- Mobile Crisis Rapid Response Team (MCRRT). Police officers in uniform and St. Joseph's Hospital mental health workers.
- Social Navigator Program (SNP). Police officers in uniform and Emergency Medical Services (EMS) paramedics.

In 2022, the CRB expanded to include:

- Rapid Intervention Support Team (RIST). Police officers in uniform and eight members from seven different community outreach organizations.
- Encampment Engagement Team (EET). This pilot program provides support for Municipal Law Enforcement Officers (MLEO) with dedicated police officers.

These programs have decreased the number of persons being brought to hospital emergency departments and increased the number of individuals being connected with social service agencies. The initiatives have reduced apprehension rates, improved care for clients, and lessened the impact on the judicial and health care system.

The CRB reports to the Superintendent of the Community Safety Division.

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 12th, 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 8 full-time mental health clinicians and 8 full-time police officers dedicated to the program. This provides MCRRT coverage between 0800hrs-0400hrs every day. Funding for these police officers is part of the Community Safety and Police Grant from the Provincial Government. The Hamilton Police Service Board approved this in 2015 while funding for the mental health workers is provided by St Joseph's Healthcare Hamilton and the Greater Hamilton Health Network. Additionally 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 2023

Between January 1, 2023 and December 31, 2023, MCRRT was mobile for 365 days and responded to 5,514 calls for service involving persons in crisis (PIC) and non PIC calls, including proactive engagement events like visits to Indwell Supportive Housing or checking locations like shelters and parks.

Of the 5,514 calls for service, 3585 involved a person with mental illness in crisis. Uniform patrol combining all three divisions responded to an additional 975* calls for service involving a person with mental illness in crisis.

*Total HPS calls (4660) minus MCRRT PIC calls (3585).

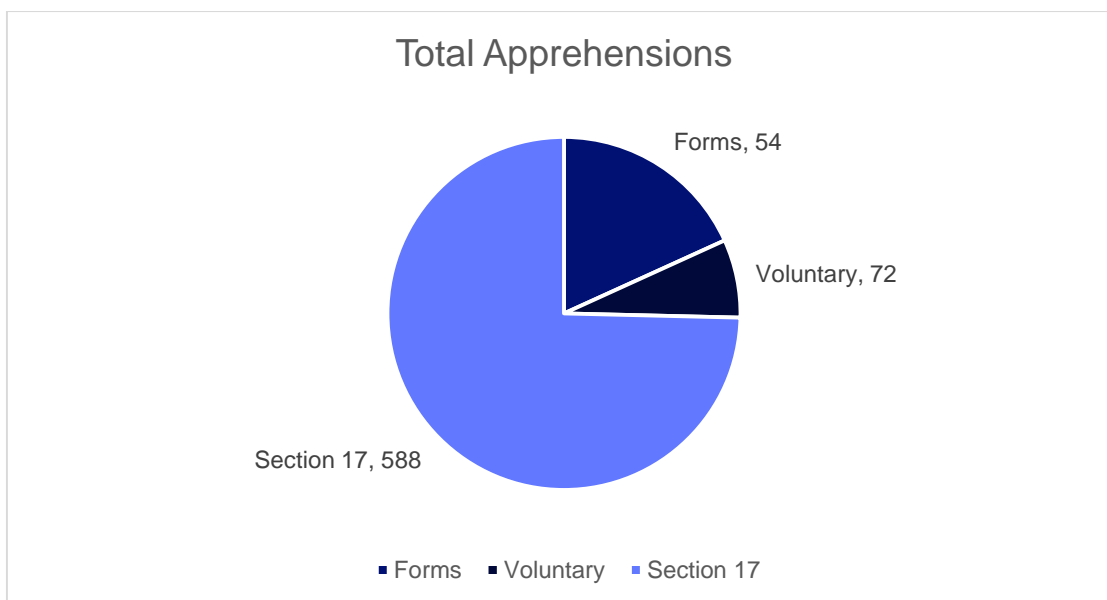
714 people were brought to hospital for assessment (S.17, Form, or Volunteer).

588 persons were apprehended under *Section 17 of the Mental Health Act*.

72 individuals were taken to hospital voluntarily.

54 individuals were taken to hospital on the strength of a Form (Form 1, Form 2, Form 9 and a Form 47).

Figure 1 Total Apprehensions 2023



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.

MHA Section 17 apprehensions are not arrests, they are legislated authority for a police officer to take a person to a schedule 1 facility for mental health assessment if they have met the grounds for apprehension outlined in the act. The conditions for apprehensions under Section 17 of the Mental Health Act 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,

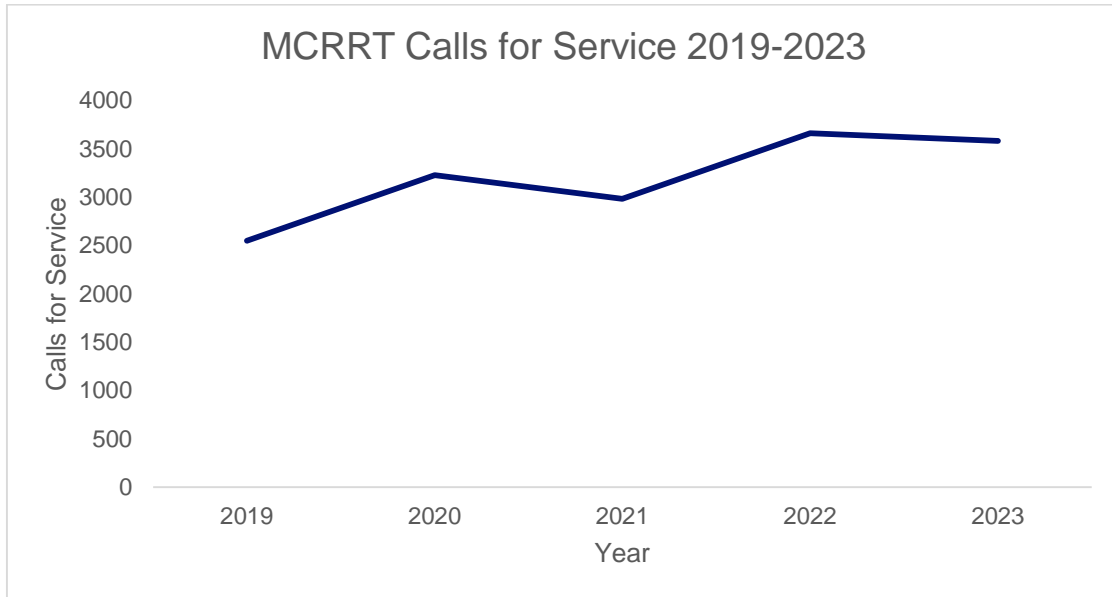
and that it would be dangerous to proceed under section 16, the police officer may take the person in custody to an appropriate place for examination by a physician.

MCRRT Calls for Service

Over the last five years there has been an upward trend of calls for service for persons in a mental health crisis.

- 2019 - 2549 MCRRT calls for service
- 2020 - 3230 MCRRT calls for service
- 2021 - 2986 MCRRT calls for service
- 2022 - 3665 MCRRT calls for service
- 2023 - 3585 MCRRT calls for service

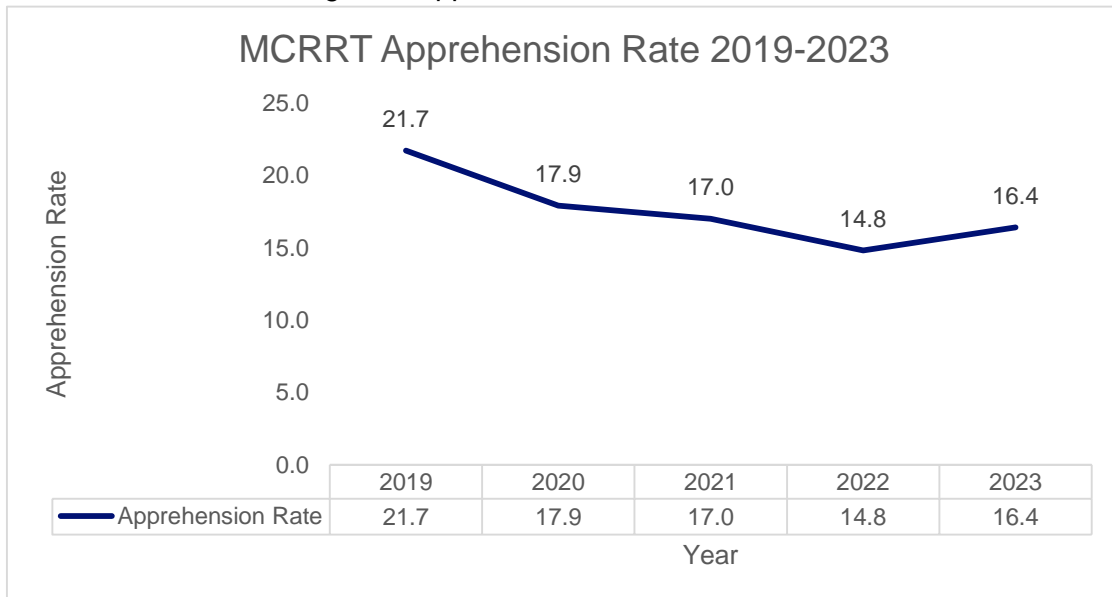
Figure 2 MCRRT Calls for Service



Apprehension Rate

In 2023 the apprehension rate for calls responded to by an MCRRT team was 16.4%. The apprehension rate is the number of “Section 17 apprehensions” divided by the total number of PIC calls for service. Over the last five years there has been a downward trend in the number of. The downward trend in apprehension rates by the MCRRT teams is a direct result of better training and having qualified personnel making informed decisions about the nature of the incident and client assessment upon first response. The persons most in need are brought to hospital for assessment, while those who require treatment in the community are not taken to hospital but instead connected to appropriate community resources. The downward trend reduces the amount of people brought to the emergency room by team de-escalation strategies and then diverting them to community resources.

Figure 3 Apprehension Rates 2019-2023

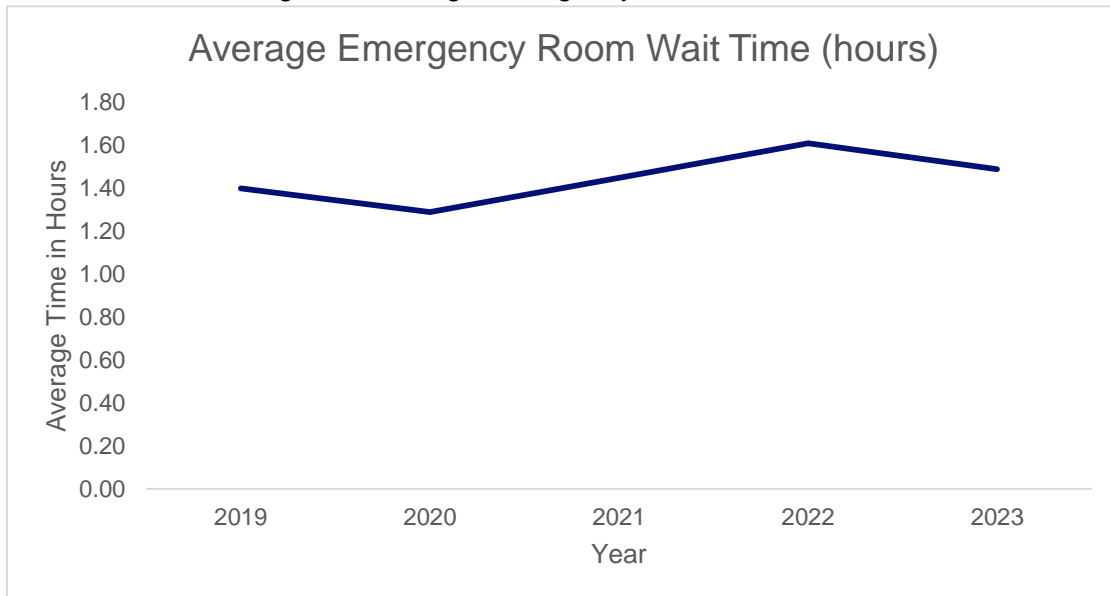


Hospital Wait Times

When a person is apprehended they are taken to St Joseph's Hospital Emergency Room. Once there the officer and the patient wait in the waiting room to be triaged and assessed by staff. This wait time requires police to stay with the patient until they progress through triage to the assessment by a doctor. In 2023 the total time spent at the hospital by MCRRT was 1066 hours (1166 in 2022).

During the 2023 reporting period, the average wait time was 1.49 hours. From 2019 through 2020 there was a downward trend in the hospital wait time which was attributed to regular efficiency meetings between police and hospital staff. The effect of the pandemic put a strain on hospital resources which negatively impacted the hospital wait times which peaked in 2022.

Figure 4 Average Emergency Room Wait Times



Proactive Engagement

The MCRRT team, in between calls, 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 they are not in crisis. When these clients enter into crisis, the officers already have a rapport with the clients which makes it easier to de-escalate them and the situation. In 2023 there were 612 proactive engagements with clients.

Mental Health Virtual Reality Training

The new Community Safety and Policing Act was approved and came into force in April 1st 2024.

In 2023 the Solicitor General submitted a proposal to ensure that every twelve months, every police officer successfully completes the Mental Health Crisis Response Education and Applied Training (MHCR) which could include Virtual Reality – Mental Health Crisis Response Training (VR-MHCRT), delivered by Wilfrid Laurier University, Toronto Metropolitan University or a qualified trainer.

The CRB has worked with Wilfrid Laurier University and implemented Mental Health Virtual Reality Training into Crisis Intervention Training (CIT). The HPS was one of only three services to roll out this training within the CIT course that is given to members of the service. This training is not currently offered for every member

every 12 months and more information will need to be sought on requirements of this training in the new CSPA.

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.

The COAST team consists mostly of employees from St Joseph's Hospital. On a daily basis COAST workers include 6 COAST triage workers who work the crisis call lines and 4 mental health workers that attend calls with a police officer or on their own.

The police COAST team consists of two full-time police officers but only one working at any given time. 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 2023 and December 31, 2023, the COAST crisis line received 24,217 calls and conducted 805 mobile visits without police and 799 mobile visits with a COAST police officer. 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 a number of situations (21), COAST had to attend the hospital with clients and spent 36 hours in hospital in 2023.

Of the 21 times that COAST attended the hospital with a patient

- 8 times the patient was voluntary
- 12 times the patient was apprehended under Sec. 17 of the Mental Health Act
- 1 times the patient was already on a Mental Health Act form requiring apprehension

When the COAST team meets with clients they conduct an assessment to see if there is the presence of acute mental health conditions. If so, the team ensures that there are referrals done and the continuity of care and community support are in place. In 2023 the team made 224 community referrals.

COAST Co-Response implementation

In 2023 our community partner St Joseph's Healthcare implemented the Co-response model as part of the COAST program. This model involves a non-police response to low risk mental health calls. Since all calls have some level of risk involved, in the fall of 2023, HPS trained the mental health workers about safety and awareness when attending a call without a police officer.

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 re-positioned 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 8 members that include the Social Navigator Paramedics, Social Navigator Police Officers and the 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. 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.

In 2021, there was an increase in demand for services and support from 2020. As a result, HPS redeployed 2 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 Social Navigator Program 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 the community agencies who work together daily, in a collaborative setting to provide resources and support to the most complex and marginalized individuals in Hamilton. A part of this RIST team were the addition of two Youth Social Navigators.

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. These Youth Social Navigators are fully funded by a Community and Safety and Police Grant through the office of the Solicitor General.

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 2023 Winter Coat Drive took place over two nights in November at Philpott Church where 685 Winter Coats were given to community members that needed it.

The team observed a marked increase in the number of newcomers that were in line to get coats. Many of these newcomers had not experienced a Canadian winter as they had arrived in Canada during August and September.

Rapid Intervention and Support Team (RIST)

In 2021 the Social Navigator Program found that the needs of their clients were more complex than the parameters of their skillset. 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 regularity. 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 bases. In 2021 the Executive Directors from numerous community agencies were invited to join with the HPS SNP team by writing letters of commitment to this team. Many agencies cited funding as a barrier to dedicated staffing with 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 Social Navigator Program. Seven 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
- Hamilton Paramedic Services – Community Paramedic

On April 1st 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. Most agencies were on board and RIST was operational as of September 2022.

In 2023, 581 new people were referred to the SNP and RIST program from

Community partners: 212

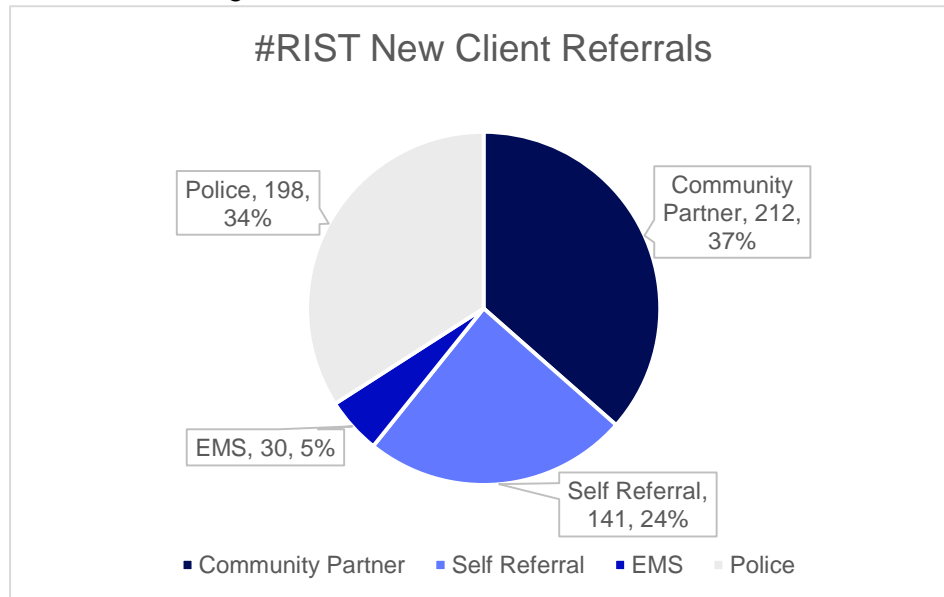
Self referrals: 141

EMS: 30

Internal RIST team referrals: 198

These internal referrals result in the RIST team using the strength of the team to rapidly support the individuals. The team shares information, collaborates and then decide what agencies are relevant to supporting the client.

Figure 5 SNP/ RIST Referral Sources 2023



In 2023, SNP/RIST had contact with 1292 unique individuals and delivered 12,833 services to clients. Some of the services provided but not limited to transports, internal and external referrals, identification and document support, applications, appointments, harm reduction, transports, food, clothing, wound care, and first aid and check-ins.

Many times SNP and RIST members would respond to a referral and by nature of the environment that these teams respond to such as encampments, shelters and drop in centres 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 325 clients per month.

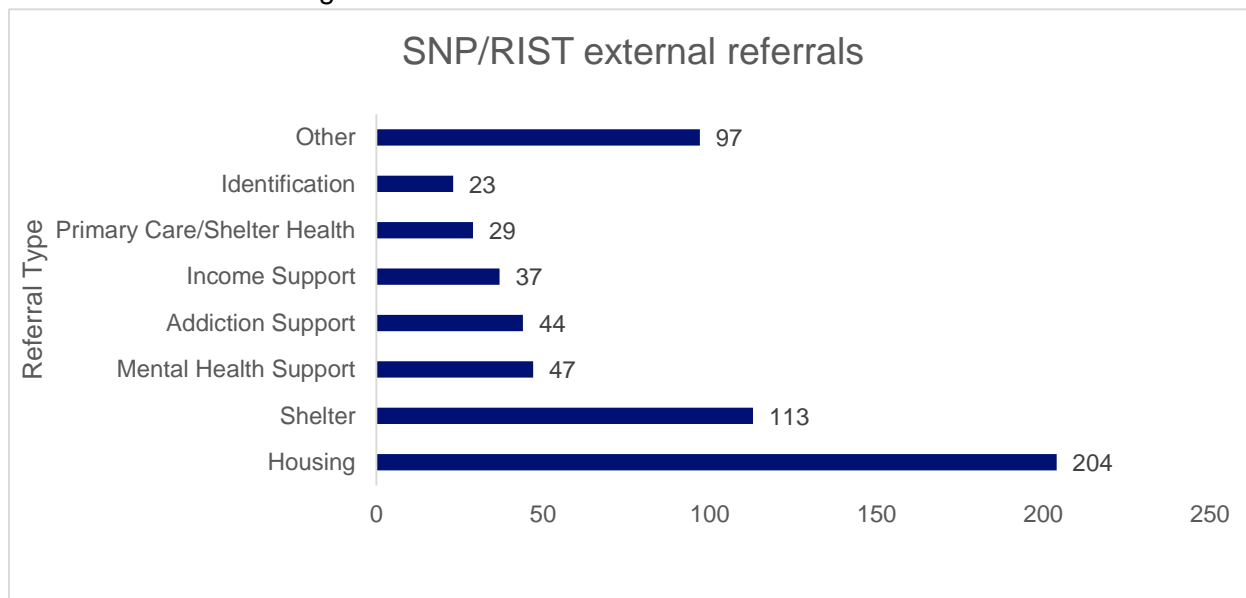
SNP/RIST External Referrals

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. Complex cases are presented to the team by the SNP Co-ordinator and then the team decides which agency is best suited to follow-up. 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 2023, SNP/RIST made 594 external service referrals to various agencies for their clients. The majority of referrals were for housing supports (204), shelter (113), mental health support (47), addiction support (44), income support (37), primary care or connection to shelter health network (29), identification (23), and the remaining (97) 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.

Many of these external referrals are actually referrals back to RIST members organizations for example a client that needs wound care and mental health support would be referred to EMS and St Joseph’s Healthcare respectively.

Figure 6 SNP/ RIST External Referral Sources 2023



Awards

In 2023 the RIST team was recognized for their efforts by winning the St. Joseph’s Hospital Hamilton Spirit of Hope Award and the Canadian Association of Chiefs of Police Motorola Solutions Community Safety & Well-being Award.

Encampment Engagement Team (EET)

In April of 2023, two Constables were assigned to the Encampment Engagement Team (EET) and funded by the City of Hamilton as part of the Coordinated Encampment Response Team (CERT).

Between April 2023 and August 2023 The Encampment Engagement Team 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 of the Road allowance By-Law
- Sharing information with City of Hamilton partners
- Proactive patrol of former encampment sites

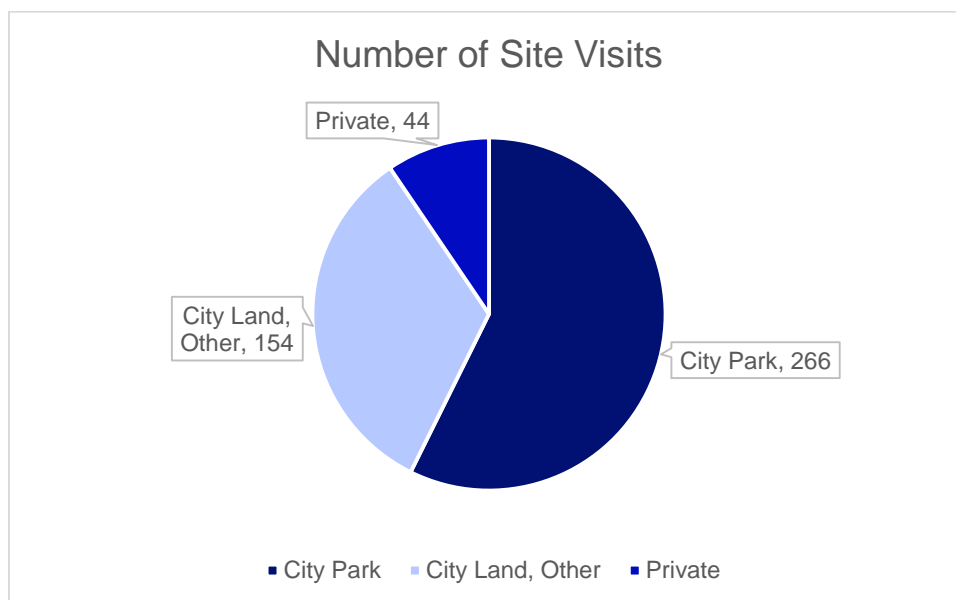
In August of 2023, Hamilton City Council voted to adopt and implement an official City of Hamilton Encampment Protocol.

Prior to September 2023, the Encampment Engagement Team supported Municipal Law Enforcement (MLE) in their enforcement of the road allowance and By-law 01-129 in any park where a deemed safety risk was present. When the Encampment Protocol was initiated in August 2023 it was designed as a housing first approach and therefore the Encampment Engagement Team took on a different role. They would be called to an encampment after attempts were made by the Housing Focused Street Outreach (HFSO) team and MLE to gain compliance had failed. EET would accompany MLE for the issuance of Notice of Non-Compliance and then re-attended to check on that compliance. If compliance had not been met a Notice of Trespass was issued by MLE. EET would then be given the file for the purposes of enforcing the Trespass to Property Act.

For private property, the Encampment Engagement Team would receive an authorization letter from the land owner requesting that police remove the encampment on their property.

From April 13th 2023 to December 21st 2023, the Encampment Engagement Team completed 464 site visits. Of the 464 sites visited, 266 were City Parks, 154 were other City lands such as road allowance, and 44 were private property.

Figure 7 EET Site Visit Types 2023



From September 1st 2023 to December 21st 2023 the Encampment Engagement Team assisted MLE in issuing 278 Notice of Trespass at locations that were not in compliance with the City of Hamilton Encampment Protocol.

The team worked alongside MLE and Parks staff who did the clean ups of abandoned sites and clean around of existing sites. Their role was to keep staff safe, keep the peace, and to mitigate any situation that would arise.

From September 1st 2023 to December 21st 2023 Encampment Engagement Team spent 127 hours enforcing. Enforcement is defined as gaining compliance to the protocol. No use of force was used on any person during these enforcement hours.

Encampment Engagement Team Food Drive 2023

In September 2023, Encampment Engagement Team partnered with Fortino's grocery in Ancaster and set up a food drive. The team collected approximately 820 pounds of food that was given to local food banks and people in encampments.

Program Key Differences

Table 1 Program Key Differences

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 success of the Crisis Response Branch (CRB) owes much to the partnerships fostered by the Hamilton Police through years of collaborative effort. This collaborative model is dedicated to supporting high-needs, marginalized, and vulnerable individuals within the city. The CRB has assembled a diverse array of experts, including crisis response-trained police officers, EMS paramedics, mental health professionals, occupational therapists, nurses, and representatives from various community organizations that mirror the diverse demographics of the City of Hamilton.