

2024

# Crisis Response Branch Annual Report - Appendix A

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## **Executive Summary**

### **Crisis Response Branch (CRB) – 2024 Year-End Report**

In 2024, the Crisis Response Branch (CRB) continued its commitment to providing critical support to individuals experiencing mental health crises, high-needs populations, and vulnerable individuals in the City of Hamilton. Through collaborative partnerships, evidence-based strategies, and innovative programs, the CRB has enhanced its ability to de-escalate crises, reduce hospital apprehensions, and connect individuals to essential community services.

### **Key Achievements**

#### ***Mental Health Crisis Response***

- The Mobile Crisis Rapid Response Team (MCRRT) responded to 3200 mental health calls with a 15.5% apprehension rate, continuing a downward trend over five years. Improved training and de-escalation strategies have contributed to fewer hospital apprehensions.
- During the 2024 reporting period, the average hospital wait time per patient was 0.89 hours (53 minutes), down from 1.49 hours (89 minutes) in 2023.
- The Crisis Outreach and Support Team (COAST), which provides non-urgent crisis response, received 21,736 calls, conducted 826 mobile visits, and made 91 community referrals in 2024. A new Co-Response model was introduced, enabling mental health workers to attend low-risk calls without police presence.

#### ***Social Navigator Program (SNP) & Rapid Intervention and Support Team (RIST)***

- In 2024, SNP/RIST engaged with 1,019 unique individuals and provided 14,327 services, including transportation, referrals, identification support, harm reduction, and first aid.
- Monthly client interactions increased 91%, from 325 per month in 2023 to 622 per month in 2024.
- 682 external referrals were made, with the highest categories being housing (179), shelter (73), addiction support (61), and income support (122).
- Encampment Engagement Team (EET), introduced in April 2024, conducted 934 site visits, issued 832 compliance notices, and assisted with encampment cleanups while ensuring public safety.

## **Program Enhancements & Community Engagement**

- Mental Health Virtual Reality Training was incorporated into Crisis Intervention Training (CIT) to meet new legislative requirements under the Community Safety and Policing Act (2023).
- The Youth Social Navigator Program, launched in 2022, continued supporting at-risk youth, including those aged 18-26 who have aged out of care.
- The SNP Annual Winter Coat Drive distributed 527 coats to community members in need.

## **Conclusion**

The CRB has reinforced Hamilton Police Service's commitment to mental health crisis response, harm reduction, and community safety. By leveraging strong partnerships with St. Joseph's Healthcare, EMS, community agencies, and outreach teams, the CRB ensures a coordinated, compassionate, and effective approach to supporting vulnerable individuals. Continued innovation, investment in training, and community-driven models will further enhance service delivery in 2025 and beyond.

## Background

The Hamilton Police Service (HPS) Crisis Response Branch (CRB), in collaboration with various community agencies, has developed multiple initiatives to support vulnerable and marginalized individuals, including those experiencing mental health challenges.

Established in April 2015, the CRB was created by merging three key programs:

- Crisis Outreach and Support Team (COAST): A partnership between plainclothes police officers and mental health professionals from St. Joseph's Hospital.
- Mobile Crisis Rapid Response Team (MCRRT): A collaboration between uniformed police officers and St. Joseph's Hospital mental health workers.
- Social Navigator Program (SNP): A joint effort involving uniformed police officers and Emergency Medical Services (EMS) paramedics.

In 2022, the CRB expanded to include:

- Rapid Intervention Support Team (RIST): A partnership between uniformed police officers and eleven members from ten community outreach organizations.
- Encampment Engagement Team (EET): A pilot program that supports Municipal Law Enforcement Officers (MLEOs) with dedicated police officers.

These programs have successfully reduced the number of individuals being taken to hospital emergency departments while increasing connections to social service agencies. As a result, they have lowered apprehension rates, enhanced client care, and alleviated pressure on both the judicial and healthcare systems.

The CRB operates under the supervision of the Superintendent of the Community Safety Division.

## Mobile Crisis Rapid Response Teams (MCRRT)

The Mobile Crisis Rapid Response Team (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 collaborate with police officers in a first-response capacity. Initial results demonstrated positive outcomes, including reduced apprehension rates for individuals in crisis and shorter wait times for both police officers and clients in emergency departments. Due to these efficiencies and cost savings, the program transitioned into a full-time partnered response.

On April 12, 2015, a full-time MCRRT program was officially launched. It now operates with four teams per day, each consisting of a mental health clinician and a Crisis

Intervention Trained (CIT) uniformed police officer. Currently, the program has eight full-time mental health clinicians and eight full-time police officers, providing coverage from 08:00 to 04:00 daily.

Funding for the police officers is provided through the Community Safety and Police Grant from the Provincial Government, as approved by the Hamilton Police Service Board in 2015. Funding for the mental health clinicians is supplied by St. Joseph's Healthcare Hamilton and the Greater Hamilton Health Network.

### ***Deployment Schedule***

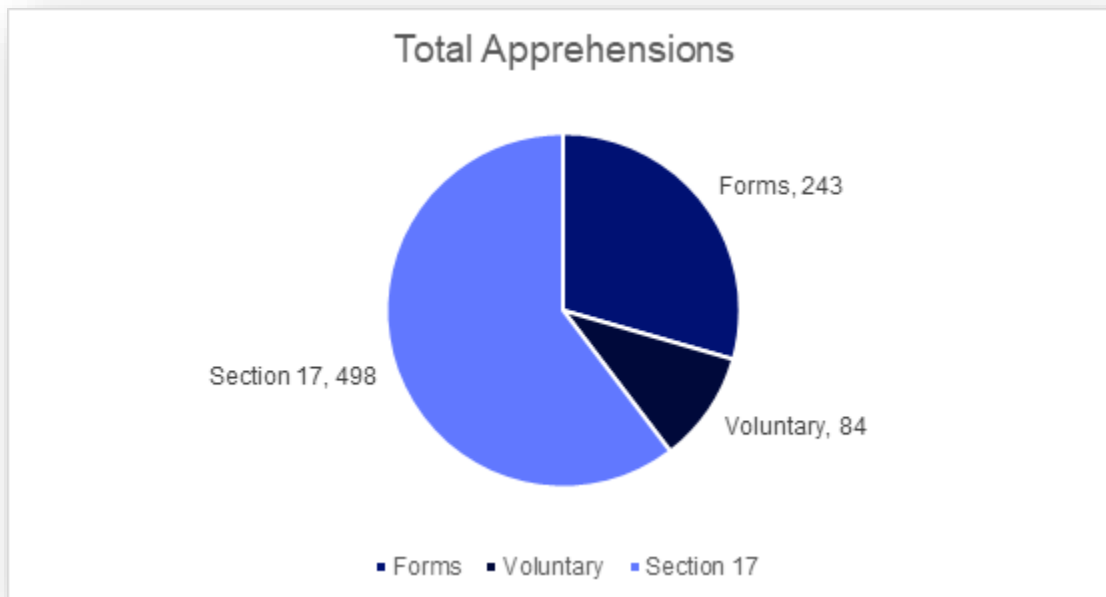
- Team #1 – 08:00 to 20:00
- Team #2 – 10:00 to 22:00
- Team #3 – 13:00 to 01:00
- Team #4 – 16:00 to 04:00

### ***Calls for Service (2024)***

Between January 1, 2024, and December 31, 2024, MCRRT was operational 365 days and responded to 6,063 calls for service, including both persons in crisis (PIC) and non-PIC calls.

- 3,200 calls involved a person experiencing a mental health crisis.
- Uniformed patrol officers across all three divisions responded to an additional 1,873 calls involving a person in crisis. (*Total HPS calls: 5,073; MCRRT PIC calls: 3,200*)
- 825 individuals were transported to the hospital for assessment (under Section 17, Form, or voluntarily):
  - 498 individuals were apprehended under Section 17 of the Mental Health Act.
  - 84 individuals were transported voluntarily.
  - 243 individuals were taken to the hospital on the strength of a Form (*Form 1, Form 2, Form 9, or Form 47*).

Figure 1 Total Apprehensions 2024



### **Mental Health Act (MHA) Section 17 Apprehensions**

The majority of individuals brought to the hospital for assessment are transported due to police officers forming grounds for an apprehension under Section 17 of the Mental Health Act (MHA).

It is important to note that MHA Section 17 apprehensions are not arrests. Instead, they grant police officers the legislated authority to transport a person to a Schedule 1 facility for a mental health assessment if the criteria outlined in the Act are met.

#### ***Conditions for Apprehension under Section 17 of the MHA:***

A police officer must have reasonable and probable grounds to believe that an individual 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 themselves.
- (b) Has behaved violently or is behaving violently toward another person, or has caused or is causing another person to fear bodily harm.
- (c) Has demonstrated or is demonstrating an inability to care for themselves.

In addition, the officer must be of the opinion that the individual is suffering from a mental disorder that will likely result in:

- (d) Serious bodily harm to themselves.
- (e) Serious bodily harm to another person.
- (f) Serious physical impairment.

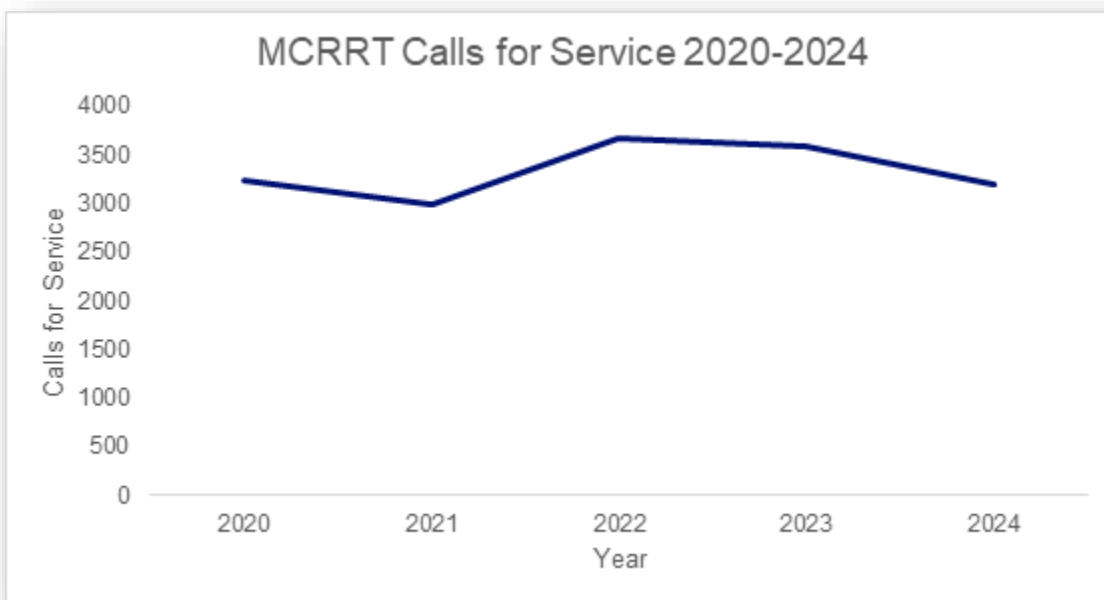
If these conditions are met and proceeding under Section 16 is deemed too dangerous, the police officer may apprehend the individual and transport them to an appropriate facility for examination by a physician.

### **MCRRT Calls for Service (2020-2024)**

The table below reflects MCRRT call volumes over the past five years, showing a slight increase in 2022 and 2023 before returning to pre-2022 levels in 2024.

Year	MCRRT Calls for Service
2020	3,230
2021	2,986
2022	3,665
2023	3,585
2024	3,200

Figure 2: MCRRT Calls for Service





## Apprehension Rate

In 2024, the apprehension rate for calls responded to by an MCRRT team was 15.5%. The apprehension rate is calculated as the number of Section 17 apprehensions divided by the total number of persons in crisis (PIC) calls for service.

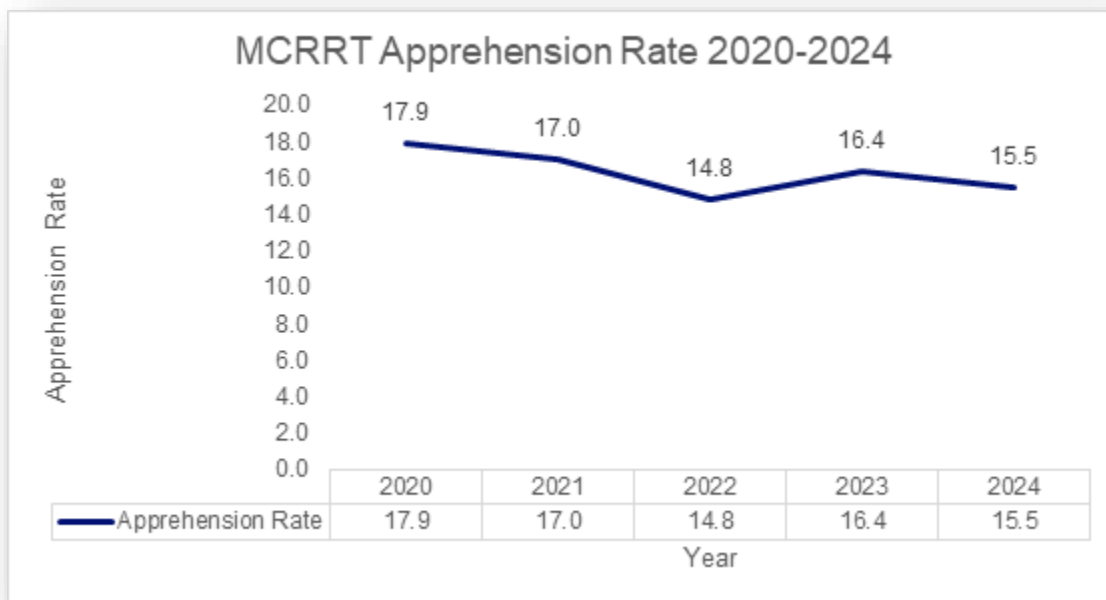
Over the past five years, there has been a downward trend in the number of Section 17 apprehensions by MCRRT teams. This decline can be attributed to:

- Improved training for officers and clinicians.
- Qualified personnel making informed decisions based on the nature of the incident.
- Comprehensive client assessments at the initial response stage.

This approach ensures that individuals most in need are transported to the hospital for assessment, while those who can be supported in the community are connected with appropriate services.

By implementing de-escalation strategies and diverting individuals to community resources, MCRRT teams have reduced the number of people brought to emergency departments, alleviating pressure on the healthcare system.

Figure 3: Apprehension Rates (2020-2024)



## Hospital Wait Times

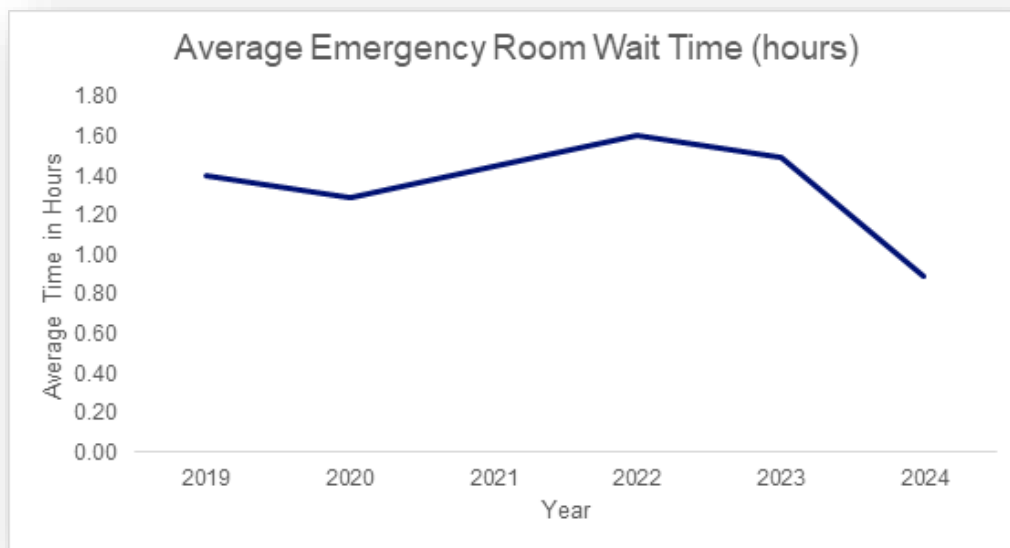
When a person is apprehended under Section 17 of the Mental Health Act, they are transported to St. Joseph's Hospital Emergency Room. Upon arrival, the officer remains with the individual in the waiting room until they progress through triage and receive an assessment by a physician.

During the 2024 reporting period, the average hospital wait time per patient was 0.89 hours (53 minutes), down from 1.49 hours (89 minutes) in 2023.

From 2019 to 2020, hospital wait times showed a downward trend, largely due to regular efficiency meetings between police and hospital staff. However, the COVID-19 pandemic placed additional strain on hospital resources, leading to a peak in wait times in 2022.

Through continued collaboration with St. Joseph's Hospital and the implementation of a Paid Duty Officer PES offload pilot program (operating three days a week in 2024), hospital wait times have continued to decrease.

Figure 4 Average Emergency Room Wait Times



## **Proactive Engagement**

The MCRRT team actively engages with clients between calls by visiting various locations throughout the city. This proactive approach helps build rapport with individuals before they experience a crisis, allowing for early intervention and de-escalation when a crisis does occur. In 2024, the team conducted 816 proactive engagements with clients.

## **Mental Health Virtual Reality Training**

On April 1, 2023, the Community Safety and Policing Act came into effect. As part of this legislation, the Solicitor General mandated that all police officers must complete Mental Health Crisis Response Education and Applied Training (MHCR) annually. This training may include Virtual Reality – Mental Health Crisis Response Training (VR-MHCRT), delivered by Wilfrid Laurier University, Toronto Metropolitan University, or other qualified trainers.

In 2024, the Crisis Response Branch (CRB) continued to collaborate with Wilfrid Laurier University to incorporate Mental Health Virtual Reality Training into Crisis Intervention Training (CIT).

## **Crisis Outreach and Support Team (COAST)**

The COAST program was established in 1997 as a partnership between Hamilton Police Service and St. Joseph's Healthcare Hamilton, following the Zachary Antidormi inquest.

COAST enables individuals in mental health crisis to remain in their environment whenever possible by providing accessible social services, including:

- 24-hour crisis telephone support
- Mobile outreach assessments and interventions
- Linkages to community resources
- Education and support for individuals and families

The COAST team consists primarily of St. Joseph's Healthcare employees, including:

- Six triage workers handling crisis calls
- Four mental health workers responding to calls, either independently or with a police officer
- Two full-time COAST police officers, conducting scheduled mobile visits five days a week (8 AM – 4 PM)

COAST also has after-hours support via its 24-hour crisis line, with additional coverage on weekends provided by MCRRT resources.

### ***COAST 2024 Statistics***

Between January 1 and December 31, 2024, COAST:

- Received 21,736 crisis line calls
- Conducted 431 mobile visits without police
- Conducted 395 mobile visits with a COAST police officer
- Made 91 community referrals
- Spent 21 hours in the hospital attending with clients

### ***Hospital Visits by COAST in 2024***

Of the 12 times COAST transported a client to the hospital:

- 11 clients were apprehended under Section 17 of the Mental Health Act
- 1 client was already under a Mental Health Act form requiring apprehension
- 0 clients voluntarily attended the hospital

When meeting with clients, COAST conducts assessments to determine the presence of acute mental health conditions. If required, the team makes referrals to ensure continuity of care and community support.

### ***COAST Co-Response Implementation***

In 2024, St. Joseph's Healthcare introduced the Co-Response Model as part of the COAST program. This approach allows mental health workers to respond without police presence to low-risk mental health calls.

To ensure safety, HPS has trained mental health workers in situational awareness for calls attended without police support. This model is now more frequently used than police-assisted responses.

## **Social Navigator Program (SNP)**

The Social Navigator Program (SNP) was launched in 2011 as a collaborative effort between Hamilton Police Service, City of Hamilton Neighbourhood Renewal, Economic Development, and Emergency Medical Services (EMS).

Originally part of the ACTION strategy, SNP was repositioned under the Community Mobilization Division in 2017, with a full-time SNP Coordinator added.

### ***SNP Mandate***

SNP's goal is to reduce reliance on the judicial and healthcare systems by connecting at-risk individuals with appropriate social and healthcare agencies in Hamilton.

The program now includes eight team members:

- Social Navigator Paramedics
- Social Navigator Police Officers
- SNP Coordinator

Since its launch, SNP has expanded to accept court-mandated clients and referrals from community partners, including shelters, hospitals, and detention centers.

### ***Rapid Intervention and Support Team (RIST)***

In 2022, HPS secured Community Safety and Policing grant funding to enhance SNP with the Rapid Intervention and Support Team (RIST).

RIST is a multidisciplinary outreach team of subject matter experts from various community agencies, collaborating daily to support Hamilton's most complex and marginalized individuals.

As part of RIST, two Youth Social Navigators were added to provide specialized support for young individuals.

## **Youth Social Navigator Program**

While police define youth as individuals under 18, many public agencies extend this classification to 26 years old. Many older youth—especially those who have aged out of care—remain an underserved population with complex needs.

To address this gap, HPS introduced two Youth Navigators in 2022. These navigators work in encampments, drop-in centers, and on the streets, offering support similar to Adult SNP officers.

This program is fully funded through a Community Safety and Policing Grant from the Office of the Solicitor General.

### **SNP Annual Winter Coat Drive**

The SNP Winter Coat Drive started in 2014 after officers and paramedics noticed that many clients lacked proper winter clothing. The initiative collects winter coats from colleagues, families, and the community for distribution to those in need.

### ***2024 Winter Coat Drive Results***

- 235 coats distributed directly to clients at CMHA, Mission Services, and St. Pat's Church
- 292 coats provided to partner organizations: HRIC, Cathedral Café, The Hub, YMCA, CAP, and Willow's Place

Given the continued demand, SNP will repeat the mobile distribution model in 2025.

### **Rapid Intervention and Support Team (RIST)**

By 2021, SNP recognized that many clients had needs beyond its scope. To ensure better coordination, SNP developed RIST, a team of community experts who provide daily, team-based outreach for complex clients.

HPS partnered with local agencies to secure grant funding for dedicated staffing, resulting in a multidisciplinary response team.

### ***RIST Partner Agencies (and Staff Roles)***

- 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

- Native Women's Centre (added 2024) – Indigenous Women's Navigator
- St. Matthew's House (added 2024) – Seniors Navigator

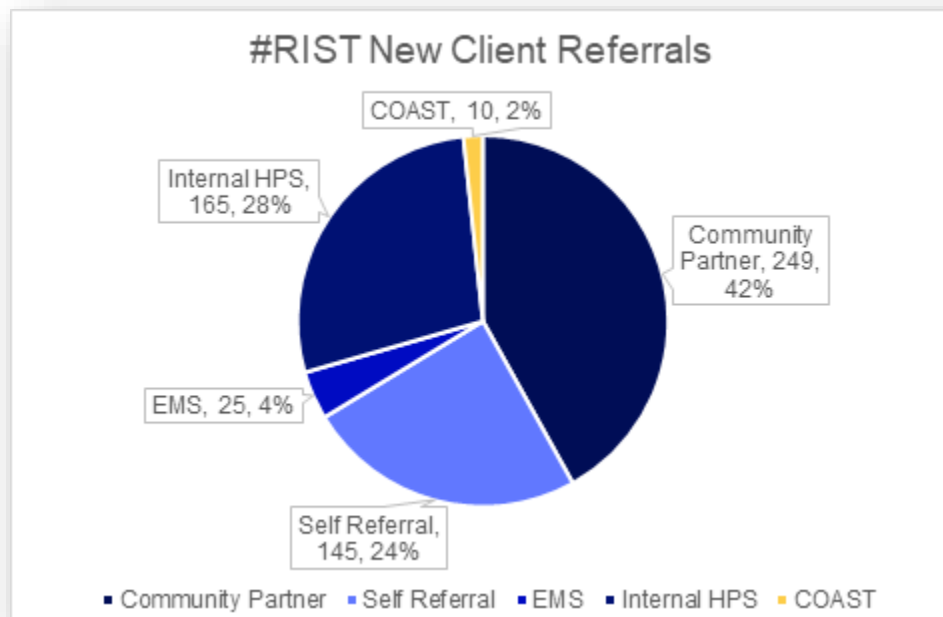
### ***RIST 2024 Referrals***

In 2024, 594 individuals were referred to RIST/SNP, with sources as follows:

- 249 – Community partners
- 145 – Self-referrals
- 165 – Internal HPS referrals
- 25 – EMS referrals
- 10 – COAST referrals

By sharing expertise and collaborating, RIST ensures faster access to the right support services for each client.

Figure 5 SNP/ RIST Referral Sources 2024



## **SNP/RIST 2024 Activity Overview**

In 2024, SNP/RIST engaged with 1,019 unique individuals and provided 14,327 services to clients. These services included, but were not limited to:

- Transportation
- Internal and external referrals
- Identification and document support
- Assistance with applications and appointments
- Harm reduction support
- Food and clothing distribution
- Wound care and first aid
- Regular check-ins

SNP and RIST members frequently respond to referrals in encampments, shelters, and drop-in centers, often engaging with more individuals than originally intended. Many clients receive support from multiple services.

On average, the SNP/RIST team interacted with 622 clients per month, a significant increase from 325 clients per month in 2023.

## **SNP/RIST External Referrals**

As an extension of SNP, RIST is a multidisciplinary outreach team that meets daily in-person to discuss client needs, cases, and appointments. Complex cases are presented by the SNP Coordinator, and the team collaboratively determines the most suitable agency for follow-up.

The team conducts field visits to meet with clients and, if additional needs arise, refers them to external agencies for further service delivery.

In 2024, SNP/RIST made 682 external service referrals, including:

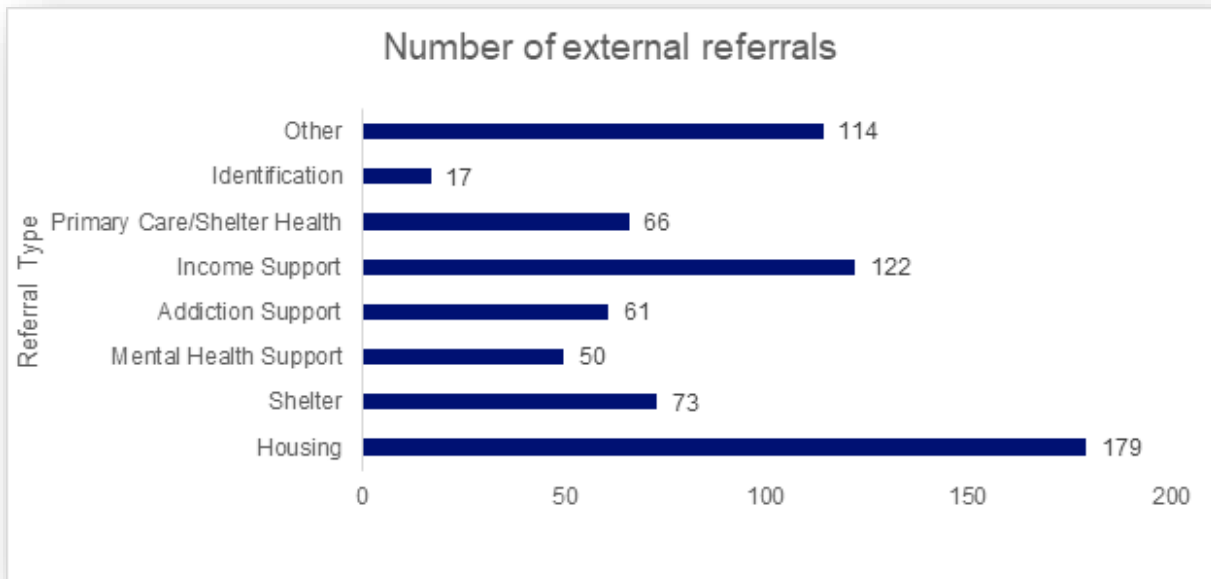
- 179 for housing support
- 73 for shelter
- 50 for mental health support
- 61 for addiction support
- 122 for income support
- 66 for primary care or shelter health network connections
- 17 for identification support



- 114 classified as “other” (e.g., brain injury services, women’s counseling, youth programs, court support, peer support, outreach, veterans' affairs, tax assistance, and senior support)

Many external referrals were directed back to RIST member organizations—for example, a client needing wound care and mental health support would be referred to both EMS and St. Joseph’s Healthcare.

Figure 6 SNP/ RIST External Referral Sources 2024



### Encampment Engagement Team (EET)

In April 2024, two constables were assigned to the Encampment Engagement Team (EET), funded by the City of Hamilton as part of the Coordinated Encampment Response Team (CERT).

### *EET Responsibilities*

Throughout 2024, the EET was responsible for:

- Encampment identification, assessment, and prioritization
- Outreach and support services
- Partnering with Municipal Law Enforcement (MLE) to coordinate encampment cleanups

- Responding to calls for service at encampments
- Verifying encampment locations and preventing conflicts
- Supporting MLE in enforcing the Road Allowance By-Law
- Sharing information with City of Hamilton partners
- Proactive patrol of former encampment sites

### ***Encampment Engagement Statistics (January 1 – December 31, 2024)***

- 934 site visits (including re-checks)
- 832 notices issued (by MLE)
- 284 sites brought into compliance
- 8 arrests and 1 warrant executed
- 7 Part 3/Provincial Offence notices issued
- 6 weapons seized

Additionally, EET worked alongside MLE and Parks staff to clean abandoned sites and manage existing encampments, ensuring safety, peace, and de-escalation of potential conflicts.

### ***Time Spent on Enforcement***

- 55.5 hours issuing notices with MLE
- 415.75 hours enforcing compliance
- No use of force was required during enforcement hours

### **Encampment Engagement Team Community Relations & Public Engagement**

The EET actively participated in community outreach throughout 2024, attending the following events:

- Coffee With a Cop – May
- Police in the Park – May
- Newcomers Day – May
- Coffee With a Cop – July
- Coffee With a Cop – September

This document provides a comprehensive overview of SNP, RIST, and EET activities in 2024, highlighting their critical role in community support, crisis intervention, and encampment management.

## 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 & 4:00pm;  5 days/wk. for mobile visits  Additional coverage supported by MCRRT	7:00am-7:00pm;  7 days/wk.  Note: Police response – 10 hours /day + Paramedic response – 12 hours/day
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,	Support clients who struggle with mental health, addiction, homelessness, and poverty (provides case management)

	Actively track and look for those on a Form 47 – orders for examination.	and referrals within 24 hours	
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	<p>Does not act in the role of crisis negotiator</p> <p>Does not offer follow up or case management</p> <p>Does not actively look for missing persons in crisis.</p>	<p>Does not respond to 911</p> <p>Does not respond to barricaded or calls involving weapons</p> <p>Does not respond to calls involving actively suicidal person(s)</p> <p>Does not execute mental health related forms</p>	<p>Is not dispatched to 911 calls</p> <p>Does not conduct mental health assessments</p>

### **MCRRT (Mobile Crisis Rapid Response Team)**

- Uniformed police officer paired with a mental health worker
- Marked police cruiser
- Operates 7 days a week, 20 hours a day
- Responds to urgent 911 mental health calls

### **COAST (Crisis Outreach and Support Team)**

- Plainclothes police officer paired with a mental health worker
- Unmarked vehicle
- 24-hour crisis line
- Provides support 7 days a week, 14+ hours a day

- Offers telephone support or mobile visits for non-urgent mental health crises

### **SNP & RIST (Social Navigator Program & Rapid Intervention and Support Team)**

- Uniformed police officer with uniformed paramedic and plainclothes community partners
- Operates 7 days a week, 12 hours a day (paramedic or police-led response)
- Focuses on case management and mobile outreach
- Not a 911 response unit

### **Conclusion**

The success of the Crisis Response Branch (CRB) is built on strong partnerships fostered by the Hamilton Police through years of collaboration. This integrated model provides critical support to high-needs, marginalized, and vulnerable individuals within the city. CRB brings together a multidisciplinary team, including crisis-trained police officers, EMS paramedics, mental health professionals, occupational therapists, nurses, and representatives from diverse community organizations—ensuring comprehensive and inclusive support for Hamilton’s residents.