




HAMILTON POLICE SERVICE

INFORMATION REPORT

TO:	Chair and Members Hamilton Police Services Board
BOARD MEETING DATE:	May 24, 2022
SUBJECT:	Year End Report – Crisis Response Branch 2021
REPORT NUMBER:	22-046
SUBMITTED BY:	Frank Bergen, Chief of Police
SIGNATURE:	

EXECUTIVE SUMMARY

The Hamilton Police Service and St. Joseph's Healthcare Hamilton partnered to deliver services and develop programs that support vulnerable individuals and persons in crisis. These partnerships ensure that individuals are supported in a timely manner.

In 2015 Hamilton Police Service created the Crisis Response Branch (CRB) which combined the following units:

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

The Crisis Response Branch service delivery involves the combination of Police Officers, Mental Health Workers, Paramedics, and Housing Workers, which allows the Hamilton Police Service to respond to the complex needs of the community.

The efficacy of the Crisis Response Branch is demonstrated by a decrease in the number of persons in crisis being apprehended, an increase in the number of persons being referred to social agencies, decreased wait times in hospital emergency departments, and less reliance on the judicial system.

Numerous Police Services from Canada and other countries have inquired about replicating our model of service delivered by the Crisis Response Branch.

Vision: To be a trusted partner in delivering public safety.

Mission: To serve and protect in partnership with our communities.

Our Values: Compassionate, Dedicated, Inclusive, Integrity, Innovative, Professional, Teamwork

INFORMATION

See Appendix A

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" – Year End Report – Crisis Response Branch 2021

FB/T.MacSween



St. Joseph's
Healthcare & Hamilton

HAMILTON POLICE SERVICE CRISIS RESPONSE BRANCH 2021 ANNUAL REPORT



COAST
Crisis Outreach And Support Team



Together. Stronger. Safer.

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Executive Summary

The Hamilton Police Service (H.P.S.) in collaboration with St. Joseph's Hamilton Healthcare has 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 in a coordinated response model to serve our community. The C.R.B. responds to persons experiencing immediate and secondary mental health crises within 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, consistent care for clients, and less reliance on the judicial system. These deliverables result in financial and "on-call" savings to both the police service and health care facilities.

The creation of the MCRRT/ COAST/ SNP as a coordinated unit is unique and the only unique 3-tiered approach of its kind in Canada. 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 or gold standard.

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

Mobile Crisis Rapid Response Teams



The Mobile Crisis Rapid Response Team (MCRRT) began as a pilot project in November 2013 and ran until 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 four (4) teams per day consisting of a Mental Health Clinician and a Crisis Intervention Trained (CIT) uniformed Police Officer. In 2021, there were 6 full-time (FTE) Mental Health Clinicians and 6 full-time Police Officers dedicated to the program. This provided 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. Additionally the deployment times for these teams are as follows;

Team #1 – 8am-8pm

Team #2 – 10am-10pm

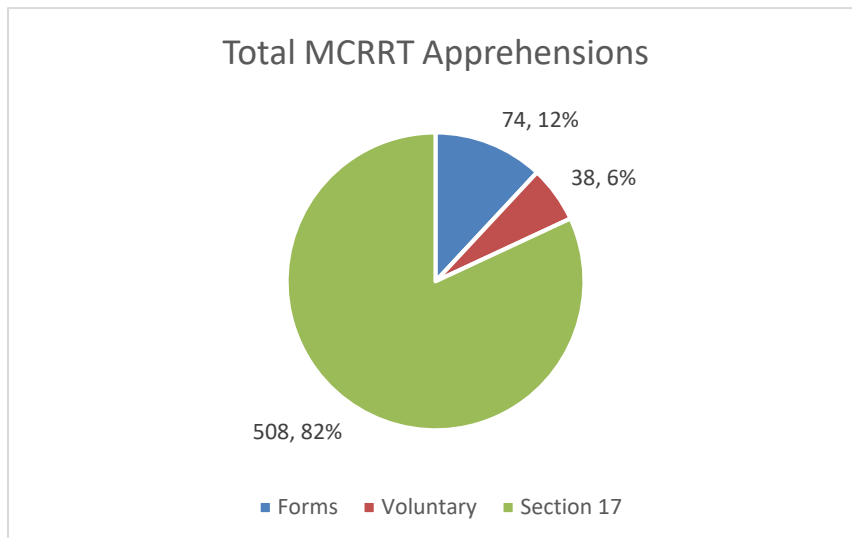
Team #3 – 1pm-1am

Between January 1, 2021 and December 31, 2021, MCRRT was mobile for 365 days and responded to 4,364 calls for service, involving PIC and non PIC calls, including proactive engagement events like visits to Indwell Supportive Housing or checking highly frequented locations (shelters and parks).

Of the 4,364 calls for service;

- 2,986 calls involved a Person in Crisis (PIC).
- Of those 2,986 persons in crisis calls, only 620 were brought to hospital (S.17, Form, or Volunteer). The rest were effectively diverted to other community services.
- Of the 620 brought to hospital, 508 persons were apprehended under Section 17 of the Mental Health Act.
- The MHA Section 17 apprehension rate from January 1st to December 31st 2021 was 17%.
- 38 individuals were taken to hospital voluntarily.
- 74 individuals were taken to hospital on the strength of a Form (Form 1, Form 2, Form 9 and a Form 47).

Prior to the deployment of MCRRT (2014), the historical apprehension rate with two uniformed officers was 75.4%, which has consistently been used as the baseline. With the MCRRT response, the rate of apprehension in 2021 was 17.0%. The reduction 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 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.



During the peak of the COVID-19 pandemic, wait times at hospitals increased. Historically, uniformed officers with clients spent an average of eighty-minutes (80) in hospital emergency departments waiting for care. During the 2021 reporting period, the average wait time was eighty-eight minutes (88), a slight increase however this was related to longer waits due to the COVID-19 pandemic.

Upon review of the data from January 1st 2021, to December 31st 2021, and using a historical apprehension rate of 75.4% with an average eighty-minute (80) wait time¹. It can be estimated that 2,251 of the 2,986 persons dealt with by police who were in crisis would have been apprehended and taken to hospital by front line patrol officers if the MCRRT response was not available.

In the estimation above and using the historical eighty-minute (80) wait time as a baseline, the total time spent by two police officers waiting at the hospital would have been approximately 6,002 hours².

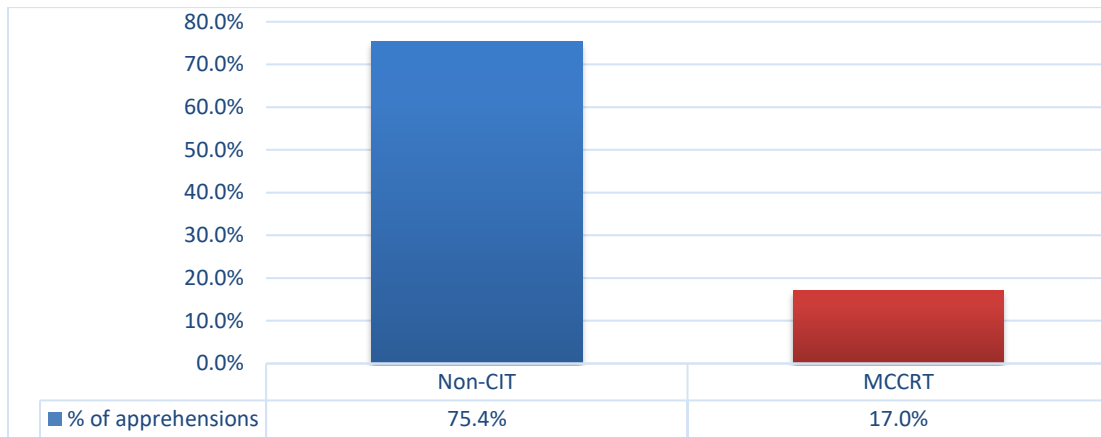
In 2021, the total time spent at the hospital was 904 hours (1808 counting two officers). When comparing the estimated historical average to actual 2021 numbers there was a reduction in total wait times in the hospital by 69.9%³.

¹ 75.4% apprehension rate and 80 minutes wait time was the historical average prior to the creation of MCRRT.

² Calculation based on (number of apprehensions x 80 minutes x 2 officers) / 60 minutes

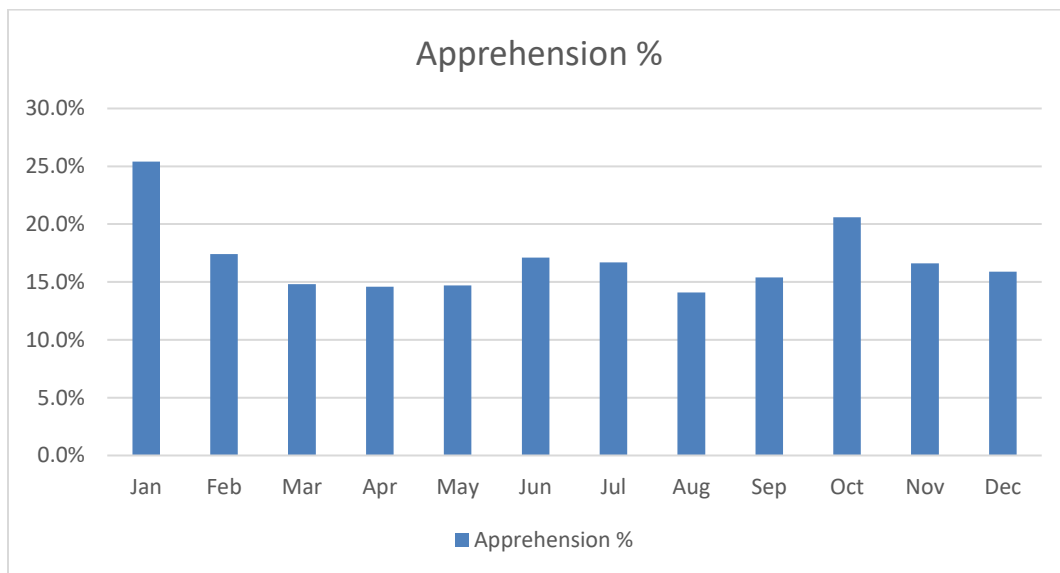
³ Percent difference ((2021 total hours – historical hours) / historical hours) x 100

Historical vs 2021 MCRRT Apprehension rates



**Non-CIT percentages reflect apprehension rates by Officers who had not received Crisis Intervention Training*

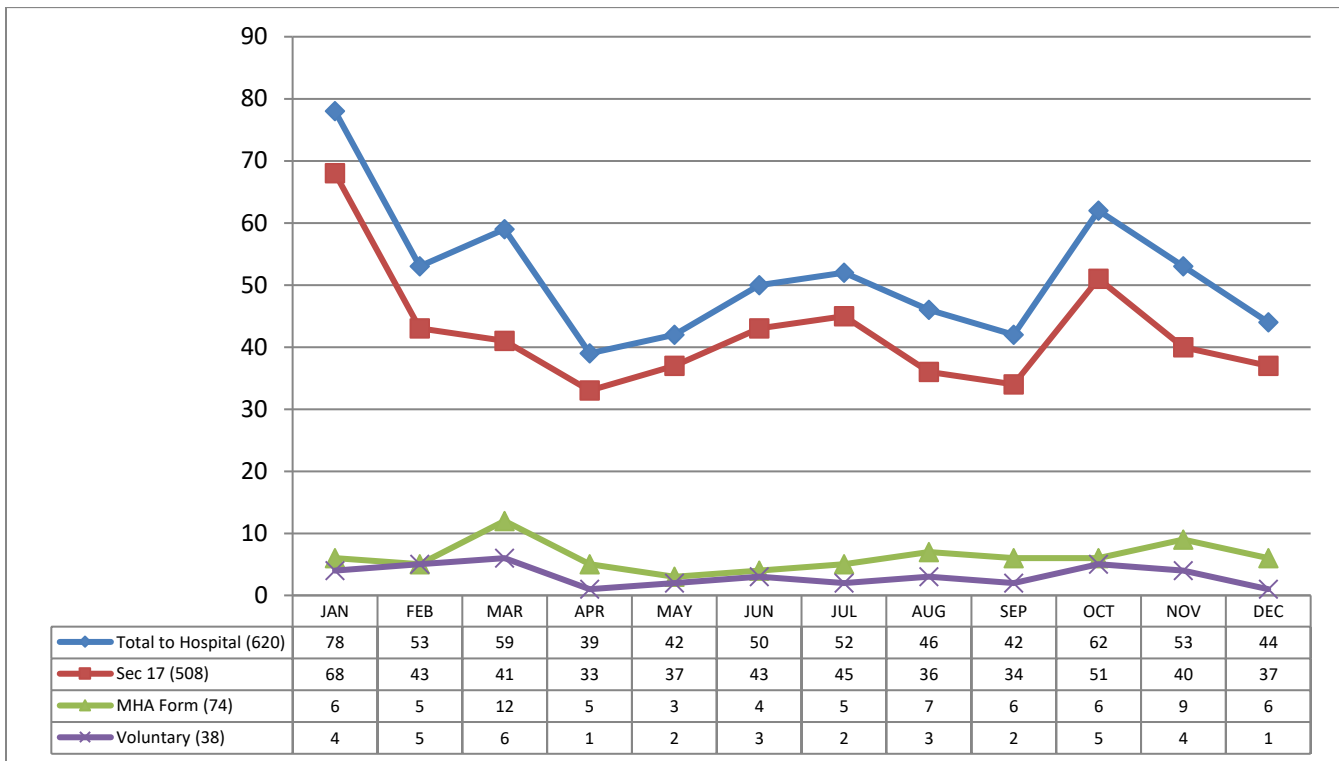
MCRRT Apprehension rates by month (2021)⁴



The MCRRT 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. Most importantly, it provides better quality care to persons in crisis in a timely manner.

⁴ Apprehension % is (number of Sec 17 apprehensions/ number of PIC calls) x 100

MCRRT – Person to Hospital breakdown by type January 1st 2021 - December 31st 2021



Crisis Outreach and Support Team



The partnership between the Hamilton Police Service and St. Joseph’s Health Care was established in 1997 with the introduction of the Crisis Outreach and Support Team otherwise known as the COAST program. COAST was created as a direct result of the Zachary Antidormi Inquest.

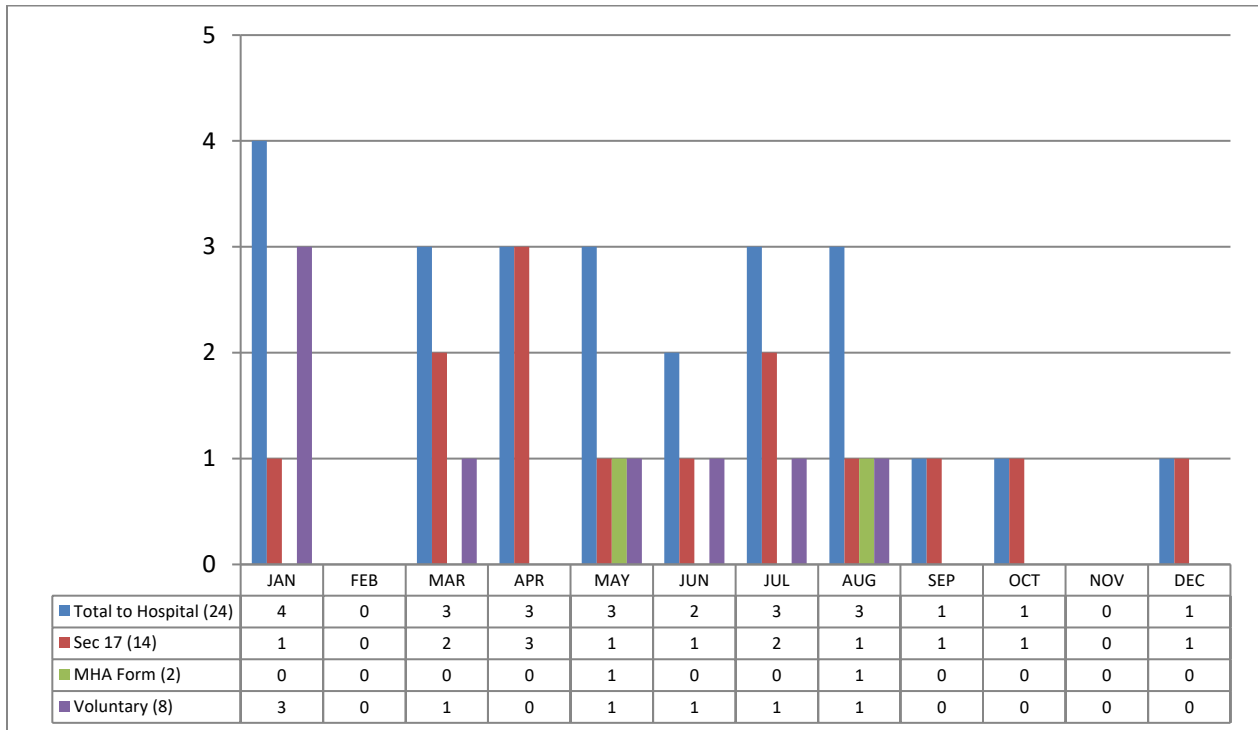
COAST is designed to enable individuals in mental health crisis, who lack necessary supports, to remain within their own environment by providing a range of accessible social services that include outreach assessments, supports and interventions.

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 persons in crisis. 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 1st and December 31, 2021, COAST conducted 1,172 mobile visits. The primary goal of COAST is to provide care to persons in crisis in their own environment. In a number of situations, COAST had to attend the hospital with clients and spent 45.67 hours in hospital in 2021.

COAST visits to hospital between January 1st 2021 and December 31st 2021



Social Navigator Program

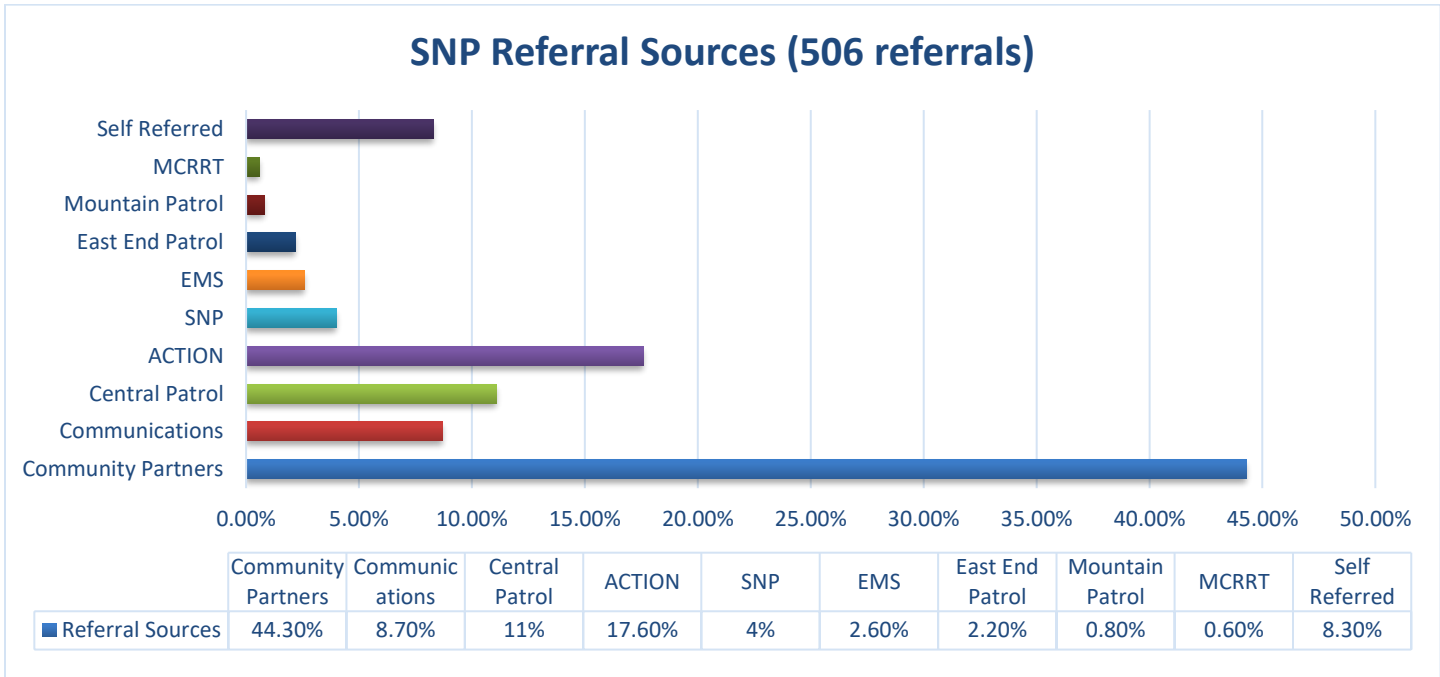
In July 2011, Hamilton Police Service collaborated with the City of Hamilton Neighbourhood Renewal, the City of Hamilton Economic Development Committee, and Emergency Medical Services (EMS), to create the Social Navigator Program (SNP). Originally, the Social Navigator Program fell under the ACTION strategy,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

SNP referrals 2021:

In 2021, 506 people were referred to the SNP. These referrals came from several sources as noted in the below table:



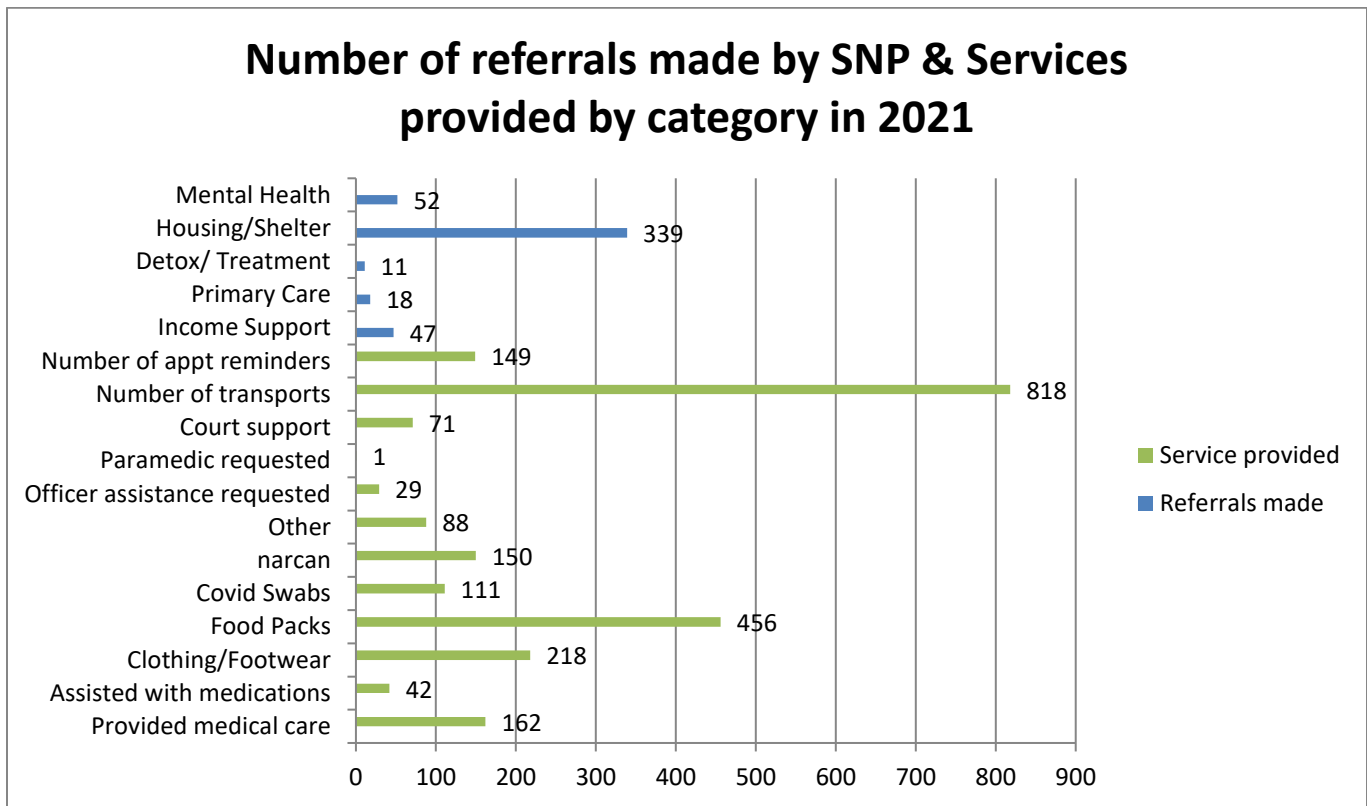
From these 506 referrals, the SNP had contact with 908 unique individuals in 2021 which resulted in 6900 interactions with clients (referrals, services provided, contact made, check-ins).

Of the 908 unique individuals:

- 78% of those clients were homeless (56% of the those homeless were from encampments)
- 11.5% slept outside but did not have a structure or specific location they disclosed to SNP
- 6% said they either slept outside or at a shelter if they could get in
- 2% were living out of their cars

In 2021, SNP made 467 service referrals to various agencies for their clients. There are five categories SNP refers to for service which are housing and shelter, income support, primary care, mental health, and detox and treatment. 252 of 467 referrals were to shelter.

The types of services that SNP provides are transports to medical/court appointment, appointment reminders, court support, paramedic requests, officer assistance, Naloxone kits, COVID-19 PPE and testing kits, food/water packs, clothing/footwear, assist with medications, medical care.



Encampments

In 2021, there was an increased demand on SNP as it relates to homelessness and encampments. During this time, an encampment response strategy and working group was formed and was led by the City of Hamilton Municipal Law Enforcement (MLE). The group included staff from MLE, City Housing, City Outreach and Support, along with SNP staff. This newly formed group worked 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 this group.

In 2021, SNP visited 154 unique sites across the City Of Hamilton. This does not account for encampments that reappeared in the same location.

In 2021 SNP:

- Assisted with 21 clean-around (clean garbage around tents)
- Assisted with 61 encampments clean ups (dismantlement)
- Conducted 1411 encampments visits.

Key Difference between Programs

Table 1 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	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 may have high police involvement, and those individuals who may not have financial or social agency supports in place
Services not offered* <i>*Note: emergencies requiring an immediate police response will be responded to as required</i>	-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.

The Crisis Response Branch team looks forward to continued engagement and collaboration with our community partners in 2022.

Report prepared by:

Staff Sergeant Dave McKenzie

A/Sergeant Pete Wiesner

Crisis Response Branch - Community Mobilization Division



St. Joseph's
Healthcare  Hamilton

HAMILTON POLICE SERVICE
CRISIS RESPONSE BRANCH
2021 ANNUAL REPORT



Together. Stronger. Safer.



Crisis Response Branch (C.R.B)

St. Joseph's
Healthcare Hamilton



- Non-urgent follow-up by plainclothes Officer and Nurse / Social Worker
- Non Emergency Crisis Line.
- not 911 response priority

- vulnerable persons
- homeless
- addictions
- poverty mental health
- Paramedic / Officer / Co-ordinator
- Wesley Housing Navigator (Sept '21)

- immediate response to life-threatening mental health call by uniformed Police Officer and Mental Health Care Worker
- 911 Response Priority



Crisis Outreach & Support Team

St. Joseph's
Healthcare Hamilton



The Crisis Outreach and Support Team (COAST) is a partnership between Mental Health Workers from St. Joseph's Healthcare and specially-trained officers of the Hamilton Police Service. The program serves the residents of the City of Hamilton who have serious mental health issues and are in crisis.





COAST



- Mental Health worker partnered with a non-uniformed Police Officer that respond to non-urgent calls
- Two teams that conduct follow up visits
- In 2021, COAST conducted 1,172 mobile visits and 16 persons in crisis were apprehended and brought to hospital



Social Navigator Program

St. Joseph's
Healthcare Hamilton



- Social Navigator team (SNP) consists of three Uniformed Officers
- Three Paramedics
- Social Navigator Coordinator
- Community Partners





Social Navigator Program

St. Joseph's
Healthcare Hamilton



- Identify at-risk individuals
- Follow up and support needs
- Refer to appropriate agency
- Navigate through the various systems such as judicial and medical



Social Navigator Program

St. Joseph's
Healthcare Hamilton



In 2021 SNP:

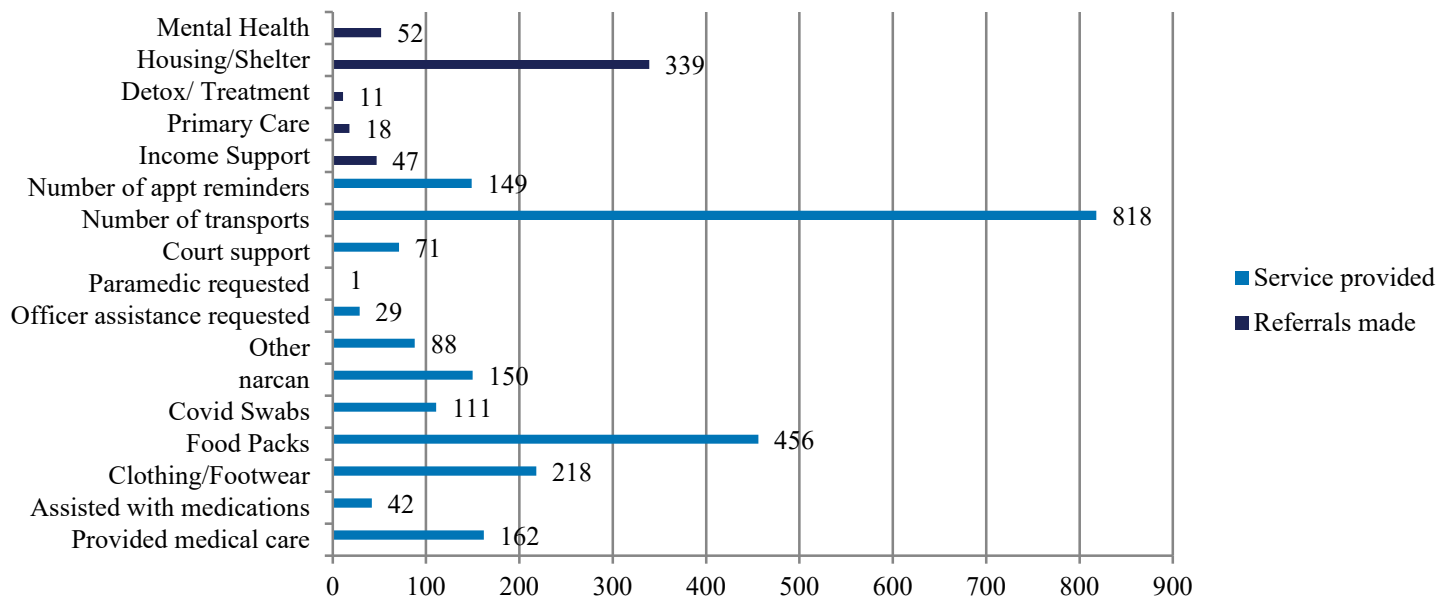
- Received 506 referrals
- Contact with 908 unique clients
- Had 6900 interactions with clients



Social Navigator Program



Number of referrals made by SNP & Services provided by category in 2021





Social Navigator Program

Social Navigator Coat Drive 2021

281 Individuals were
able to get boots,
cloats, gloves, hats
etc.





SNP in Encampments



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In 2021 SNP:

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Mobile Crisis Rapid Response Team

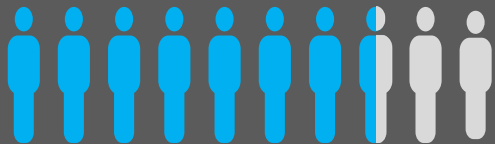
- MCRRT is a two person team comprised of a Mental Health Worker (Nurse, O.T. Social Worker) partnered with a Uniformed Officer.
- Immediate response to life threatening/violent mental health calls
- 3 teams – city wide x 7 days a week, 0800-0100 coverage
- 6 uniform CIT trained officers and 6 seconded mental health professionals from St. Joseph's Healthcare



Mobile Crisis Rapid Response Team

Historical Uniform
Apprehension Rate

75.4%



MCRRT Apprehension Rate

2019	22.0%
2020	17.9%
2021	17.0%





Mobile Crisis Rapid Response Team

- MCRRT responded to 4364 calls for service
- 2,986 calls involved a Person in Crisis (PIC)
- Only 620 of 2986 calls resulted in apprehensions
- Non apprehensions were diverted to other community services*.



Mobile Crisis Rapid Response Team

In 2021, the hospital wait time compared to the historical average showed a **69.9%** reduction in total hospital wait time for MCRRT Teams.



Mental health dream team White Coat, Black Art on CBC Radio

Science

[Listen on Apple Podcasts ↗](#)

Dr. Brian Goldman rides along with Constable Scott Woods of the Hamilton Police Service and Sarah Burtenshaw, a mental health worker at St. Joseph's Healthcare. They are a Mobile Crisis Rapid Response Team in Hamilton that responds to 9-1-1 mental calls related to mental health crises.

[More Episodes](#)



R.I.S.T. – Rapid Intervention Support Team

In 2021, Hamilton Police Service (HPS) introduced the idea of a multi-disciplinary team called the Rapid Intervention Support Team (RIST).

The HPS welcomed a housing worker from Wesley Urban Ministries who partners with the Social Navigator team to support client needs.



R.I.S.T. – Rapid Intervention Support Team

HPS recently received **\$1.495 million** of **grant funding** to see the creation of RIST in 2022.

RIST will be comprised of the SNP Co-ordinator, Police Officers, Paramedics and will also include:

- Indigenous community liaison worker (HRIC)
- Women's shelter worker (Interval House)
- Housing worker (Wesley Urban Ministries)
- Mental health worker (CAMH)
- Youth worker (YMCA)
- Addiction specialist (St Joseph's Healthcare)
- Court Liaison worker (JHS)



Crisis Response Unit

Questions?

