



**CITY OF HAMILTON**  
**COMMUNITY AND EMERGENCY SERVICES DEPARTMENT**  
**Neighbourhood and Community Initiatives Division**

<b>TO:</b>	Chair and Members Emergency & Community Services Committee
<b>COMMITTEE DATE:</b>	December 15, 2014
<b>SUBJECT/REPORT NO:</b>	Social Navigator Pilot Program (CES14062) (Ward 2)
<b>WARD(S) AFFECTED:</b>	Ward 2
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<b>SIGNATURE:</b>	

**RECOMMENDATION**

- (a) That the Hamilton Paramedic Service Social Navigator Program be continued until June 30<sup>th</sup>, 2017;
- (b) That the costs of continuing the Social Navigator Program in the amount of \$45,000 per year be funded through the Neighbourhood Action Strategy Fund; and,
- (c) That further evaluation of the Social Navigator Program include the impact on patients that Hamilton Paramedic Service identify as high users with mental health and addictions issues and also include benchmarks that meet the needs of the Hamilton Paramedic Service.

**EXECUTIVE SUMMARY**

The Social Navigator Program (SNP) was launched in 2011 to address the needs of “at-risk” populations with high levels of police interactions by connecting them with suitable community supports. The objectives of the program include:

- To provide participants with better access to community services and supports
- To decrease participants’ contact with police officers (i.e. reduce offenses)
- Increase the quality of life for program participants
- Reduce the stresses on the criminal justice system

An evaluation component was built into the Social Navigator Program to assess the success of the program in achieving its objectives. Appendix A to Report CES14062

provides the results of the evaluation. The evaluation of the program is comprised of a review of participant data, interviews with the participants themselves, feedback from community agencies and a review of police interaction data. Overall, the evaluation found the SNP to have had a positive impact. For instance:

- 100% of participants felt that their involvement with SNP helped them move in a positive direction
- 100% of participants said that they were satisfied with the support they received from the program
- Participants felt that the SNP helped them connect with services and supports they otherwise would not have or not have known how to access
- There was a decrease in the number of police incidences/offenses before and after participation in the SNP
- 93% of community agency respondents surveyed agreed that the SNP is a valuable program

Based on the evaluative efforts to-date, it is apparent that the SNP shows promising results. However, the evaluation of the long-term impact of this program will require a longer pilot period. Extending the pilot period for this program will allow for a stronger analysis of the impact of this program prior to considering whether it should be made a permanent program. Extending the pilot will also allow for the development of stronger partnerships with local service providers and an opportunity to address issues raised by service providers in the evaluation of the SNP.

***Alternatives for Consideration – Not applicable***

**FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)**

**Financial:**

The employee related costs for the Paramedic assigned to the SNP is a net levy impact of approximately \$45,000 per year. This funding is matched by the Ministry of Health and Long Term Care grant funding. Other paramedic program costs such as vehicles, equipment, operating supplies, training and supervision are provided by the Hamilton Paramedic Service. For the period of this pilot extension the funding will be provided through the Neighbourhood Action Strategy Fund. This funding leverages resources from the Hamilton Police Service including staffing (liaison officer with ACTION team, office space and data collection/analysis).

**Staffing:**

The Social Navigator is a staff member of the Hamilton Paramedic Service. Extending the pilot of this program does not increase the current FTE levels. Staffing supervision and management for the paramedic elements of the SNP during this extended pilot period will continue to be addressed through the Hamilton Paramedic Service who are working in partnership with the Hamilton Police Service.

Legal:

There are no legal implications associated with Report CES14062.

## **HISTORICAL BACKGROUND**

In 2010, the City of Hamilton's downtown area was identified as an area in high need for police attention. In an effort to address this, the Hamilton Police Services (HPS) created the Addressing Crime in Our Neighbourhoods (ACTION) strategy in May 2010.

The impact of the ACTION team was felt immediately as evidenced by a high number of interactions and arrests from May 2010 to December 2011. During this time, however, officers observed that they continued to encounter the same individuals, whether as repeat offenders or those at-risk of becoming involved in criminal activities. Further, it was apparent that many of these individuals often suffered from addictions, mental illness, and/or financial issues that could not be adequately addressed through the judicial/penal system.

Based on these issues and a review of the relevant literature on the topic, it became apparent that alternative options were needed. As a result, the HPS sought an approach to leverage community resources that would better connect these individuals to health and social service agencies. It also became evident that additional skillsets and strategies were required in order to assist this particular population. To this end, the Police partnered with the City of Hamilton's Urban Renewal section (Economic Development Division) and the Emergency Medical Services' (EMS) Community Referrals Emergency Services (CREMS) program to create the Social Navigator Program (SNP) in 2011.

In the early stages of this program, the Social Navigator was available during "peak times" of the year (such as the summer months). By 2012, it was noted that to properly evaluate the effectiveness of the SNP it needed to be full time. Initial funding for the SNP was allocated as part of the "downtown block" funding through the Planning and Economic Development Department. Additional funding from the Neighbourhood Action Strategy Fund and funding received by partner organizations allowed the pilot to continue through 2014.

In 2013 and 2014, the SNP collected data on the effectiveness of the program and through a partnership with Wesley Urban Ministries there was more follow up with clients who had been connected with services in the community.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

There are no policy implications associated with Report CES14062.

## **RELEVANT CONSULTATION**

In evaluating the SNP, a number of stakeholders were interviewed or surveyed for their feedback on the program. This included social service agencies and clients themselves. Their feedback has informed the recommendation to continue with the SNP on a pilot basis.

The Hamilton Police Service is a partner in the SNP and provided data for the evaluation and further feedback on the results of the SNP to date. They are in favour of continuing the SNP.

Wesley Urban Ministries has been providing additional case management support to the SNP and also provided data and feedback for the evaluation of the SNP. They are in favour of continuing the SNP.

## **ANALYSIS AND RATIONAL FOR RECOMMENDATION**

### **Background: Hamilton's Social Navigator Program (SNP)**

The Social Navigator Program has two overarching goals:

- 1) To connect and support individuals through a referral process, by engaging all relevant social and healthcare agencies in the City of Hamilton; and,
- 2) To reduce reliance of the judicial and healthcare systems by navigating clients toward the appropriate agencies while improving the health, safety and quality of life of all citizens.

Through the program, individuals are identified and referred by the ACTION team to a paramedic who then navigates clients to the appropriate health or social agency based on their particular needs. Eight main categories of "need" were identified including: mental health, income, housing/shelter, addictions counselling, employment counselling, mobility needs, primary healthcare, and financial issues.

Specifically, the paramedic Social Navigator:

- Receives referrals from team
- Calls shelters, hospitals and community agencies to locate the client and gather relevant information
- Conducts assessments
- Refers client to community services and programs
- Transports client to agencies, hospital and medical appointments
- Advocates for clients in court
- Exchanges information with workers in the community and offers support
- Exchanges information with family members where appropriate

Clients are considered to be successfully "navigated" once an agency takes the lead on providing support or care, in addition to a reduction in negative police contact.

Recently, within the City of Hamilton, many Divisions have also begun navigating citizens through these complex systems. Examples of this include; Community Development Workers in the Neighbourhood Action Strategy and CityHousing Hamilton; Nurses and Social Workers in Public Health and Long Term Care Facilities, Employment and Income Support, etc.

At the same time, external to activity within the city, there has been increasing interest in establishing 'navigation' positions and more formalized approaches to provide 'system navigation' to other members of the community. Some examples of this include the emergence of Cancer Navigators, Stroke Navigators, System Navigators in the Primary Care Family Health Teams and Hospital Emergency Departments, etc. This activity compliments the many other agencies that have case managers, social workers, discharge planners, etc. doing navigation. In addition, McMaster University recently received a multi-year grant to explore the impacts of having volunteers in the community doing a form of navigation.

In an effort to improve the collaboration amongst those providing navigation, the Local Health Integration Networks (LHINs) awarded the City of Hamilton Public Health Services a grant to launch a Community of Practice of Navigation. The objective of this program, led by the Director of Community Health Planning and Integration, is to harness the opportunity to identify who is doing 'navigation' within the City of Hamilton; what are the common and best practices related to 'navigation' and how can navigators work in a more coordinated manner to better serve the needs of the citizens of Hamilton, reduce duplication that is not helpful and at times confusing to the client; and, reduce barriers between organizations that are serving citizens.

While many different "navigation" programs exist, the SNP is a program that addresses issues most prevalent to the downtown core of Hamilton. An analysis of Police data indicates that these issues of homelessness, combined with mental health and addictions issues do not exist in other parts of the city in any concentrated fashion. As such, the unique approach of the SNP program is best suited its current operation in the downtown core of Hamilton.

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

The evaluation of the pilot was comprised of a review of participant and police data, interviews with the participants and community agency staff who have been involved with the program.

In 2012, the SNP was evaluated based on data from 43 clients. The analysis compared criminal offences and panhandling before and after the implementation of SNP. Overall, this initial evaluation showed that the SNP was achieving its main objectives to divert individuals away from the judicial system while improving clients' quality of life. Specifically, the evaluation identified:

- A 54% reduction in criminal offences after SNP involvement
- A 92% reduction in mental health calls after SNP involvement

- A reduction in the number of aggressive panhandling tickets received (from 1 every 9 days prior to SNP, to 1 every 76 days after SNP)

In addition, the evaluation also highlighted the need to expand the number of social agencies working with the SNP and the need for improved communication with stakeholders, including the sharing of results of assessment and follow up.

In 2013, a total of 91 individuals were referred to the SNP. As in 2012, an analysis was done comparing participant trends before and after SNP involvement for 2013 data. This time the data identified:

- A 72% reduction in all incidences 0-12 months after SNP
- A 78% reduction in the number of Emotionally Disturbed Persons (EDP) incidences after SNP
- An estimated time savings of at least 214.5 hours for one officer over a period of 12 months

#### Community Agency Feedback

A survey of community agencies was also undertaken in 2014 to capture feedback from those organizations most involved with the SNP. These agencies deal primarily with persons with mental health issues, income, housing and employment supports, either by providing direct support or by making referrals. A total of 27 individuals from 16 community programs/agencies provided feedback. Highlights of the responses received are summarized below:

- 93% of respondents either “strongly agreed” or “agreed” that they felt the SNP was valuable (4% “disagreed” or “strongly disagreed”)
- 81% either “strongly agreed” or “agreed” that the program plays an important role in referring clients (8% “disagreed” or “strongly disagreed”)
- 84% “strongly agreed” or “agreed” that the program plays an important role in the circle of care (4% “disagreed” or “strongly disagreed”)
- 80% “strongly agreed” or “agreed” that the program makes appropriate referrals (0% “disagreed” or “strongly disagreed”)
- 80% “strongly agreed” or “agreed” that their organization is satisfied with their relationship with the paramedic Social Navigator (12% “disagreed” or “strongly disagreed”)

Comments and suggestions made about SNP included:

- The program is a creative way to work with participants.
- The teamwork approach benefits not only participants but also helps the network of services better understand the participants.
- The program should be expanded with more navigators and a larger network of agencies so that more participants or higher need participants can be supported.

#### Participant Feedback

Interviews with 14 former and current SNP participants were also conducted regarding their experiences with the program. All 14 (100%) participants felt that the SNP helped

them “move in a positive direction” and all (100%) were satisfied with the support they received from the SNP, while 93% said that the program helped to “connect them to services”. In addition, all 14 participants (100%) said they “felt that the Social Navigator treated me with respect”, that “the Social Navigator was looking out for me” and that they “felt comfortable around the Social Navigator”. Participants were also given the opportunity to provide responses to a series of open-ended questions.

#### Ongoing Evaluation Efforts

Other analyses are underway to evaluate changes in police interaction for clients referred to the SNP in 2014 and a more detailed client profile is being developed to gain a better understanding of the proportion of clients with mental illness, drug and alcohol dependency, living arrangements and other factors. Program outcomes will continue to be monitored should the project receive further funding.

#### **Conclusion**

Evaluative efforts to-date have demonstrated that the SNP has been effective in reducing negative police contact as well as a reduction in officers responding to mental health calls. Feedback from participants in the program as well as community agencies receiving referrals has also been generally positive. The SNP helps to bridge gaps between clients, the police service and service providers. Further, the evidence to-date suggests that the paramedic in the role of the social navigator has been particularly effective in bridging gaps between the healthcare and social services system.

The paramedic position appears particularly well suited to the role of a social navigator due to:

- A generally positive public perception of the position as approachable, trustworthy, skilled, and non-threatening.
- Less time required for relationship building and more time available for problem solving.
- The ability to take clients to appointments.
- The ability to provide agencies with real time updates when out in the community.
- The ability to support individuals with mental health issues through the legal system.
- The ability to quickly navigate the healthcare system leading to faster results.

Based on the evidence collected to-date, it is evident that the SNP is a promising approach to dealing with specific issues in the downtown core of the City of Hamilton. Further evaluation through an extension of this pilot program would allow for further analysis of the merit of the SNP as a permanent program.

#### **ALTERNATIVES FOR CONSIDERATION**

N/A

**ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN**

**Strategic Priority #1**

A Prosperous & Healthy Community

*WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.*

**Strategic Objective**

- 1.3 Promote economic opportunities with a focus on Hamilton's downtown core, all downtown areas and waterfronts.
- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

**Strategic Priority #2**

Valued & Sustainable Services

*WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.*

**Strategic Objective**

- 2.3 Enhance customer service satisfaction.

**APPENDICES AND SCHEDULES ATTACHED**

Appendix A to Report CES14062: Social Navigator Program – An Overview