Social Navigator Program

An Overview

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EXECUTIVE SUMMARY

Background

In 2010, Hamilton's downtown area was considered a "red zone" by the Ontario Association of Chiefs of Police (OACP) which meant it required a high need for police attention. In order to address the crime trends mentioned, the Hamilton Police Services (HPS) created the Addressing Crime in our Neighbourhoods (ACTION) strategy in May 2010. The ACTION strategy is based on a disciplined approach to tactical and targeted patrol techniques where a team of 40 police officers focus on areas that experience high violent crime rates. The impact of the ACTION team was immediately felt with a high level of enforcement and arrests from May 2010 to December 2011.

Although enforcement is an important part of the strategy, ACTION officers continued to encounter the same individuals, whether repeat offenders or those "at risk" of becoming involved in criminal activities. These individuals often suffer addictions, mental illness, and/or financial issues that cannot be properly addressed by the judicial system. Due to underlying socio-economic factors, it was apparent that the judicial system was not the best solution for these individuals.

Based on the presenting problems and the literature, it was clear that the HPS needed alternative options to incarceration and sought to leverage community resources and connect these people to health and social service agencies. The Social Navigator Program (SNP) was established in July 2011 as an extension of the ACTION strategy. The goal of the program was to connect and support individuals through a referral process, by engaging all social and healthcare agencies in the City of Hamilton. In addition, the programs aims to reducing reliance on the judicial and healthcare systems by navigating clients toward the appropriate agency while improving the health, safety, and quality of life for all citizens.

Evaluation Findings

A) 2012 Data

The SNP was evaluated for impact and effectiveness by comparing trends for 43 SNP clients. The analysis compared criminal offences and panhandling 0-6 months before and after SNP.

- ➢ 54% reduction in criminal offences after SNP involvement
- ➢ The 8 aggressive panhandlers had a reduction in the number of panhandling tickets they received (before SNP is was one every 9 days; after SNP is was one every 76 days)
- ➢ 92.2% reduction in mental health calls after SNP involvement

Overall, the initial evaluation showed that the SNP was achieving its goal to divert individuals away from the judicial system and improving quality of life for its clients. The evaluation also revealed the

need to expand the number of social agencies working with the SNP and the need to improve communication with stakeholders, including sharing results of assessment and following up.

B) 2013 Data

In 2013, 91 individuals were referred to the SNP. An analysis was done comparing trends in police interaction with clients before and after SNP involvement.

- ➢ 72% reduction in all incidences 0-12 months after SNP
- ➢ 78% reduction in the number of EDP incidences 0-12 months after SNP
- ➢ Estimated that the SNP contributed to at least 214.5 hours of time savings for one officer over 12 months

Based on the statistics above, it can be concluded that the SNP was successful at reducing the number of negative police interactions for SNP clients.

Client Characteristics

- ➢ Client ages ranged from 14 to 66 years, with an average age of 38 years
- ➢ Seventeen of 71 clients had one or more convictions on record
- ➢ The most common illnesses among SNP clients were Schizophrenia, Bipolar Affective Disorder, Depression, Anxiety, and Borderline Personality Disorder
- ➢ 78 clients were discharged from the program, 85% of which were referred to at least one type of program or service
- ➢ 142 referral were made to health or social services
- ➢ Most common referrals made were for mental health services and primary health followed by housing and shelter, other services, withdrawal management, income support, and employment services
- ➢ Many clients with poor health lack insight to their illnesses

Client Feedback

All respondents felt the SNP helped them move in a positive direction and were satisfied with the support they received. The following themes were observed in client responses when asked about their experience with the SNP:

- ➢ Approach is honest and it gets things done
- ➢ Court mandated clients like the structured and assertive approach
- ➢ Clients appreciate that they have someone who can vouch for them
- ➢ The SNP helped clients move in a positive direction

Based on the survey responses it is clear that the social navigator has an approach that is effective and provides hope for many clients.

Community Feedback

Social and health services that had interacted with the SNP were asked to complete a questionnaire. The results showed that:

➢ 92.60% believed the SNP is valuable
➢ 81.48% believed the SNP plays an important role in referring clients
➢ 85.18% believed the SNP plays an important role in the circle of care
➢ 61.54% said the SNP improves their ability to stay connected to clients
➢ 66.67% a paramedic is a good social navigator

Conclusion

All studies have consistently shown that the program is successful in reducing negative police contact including mental health related calls. Clients have also expressed that the program has helped them move in a positive direction and they benefit from the assertive approach used by the navigator. With consistent success outcomes and positive feedback from clients, officers, and community professionals, it is evident that the SNP is a valuable program in the City of Hamilton.
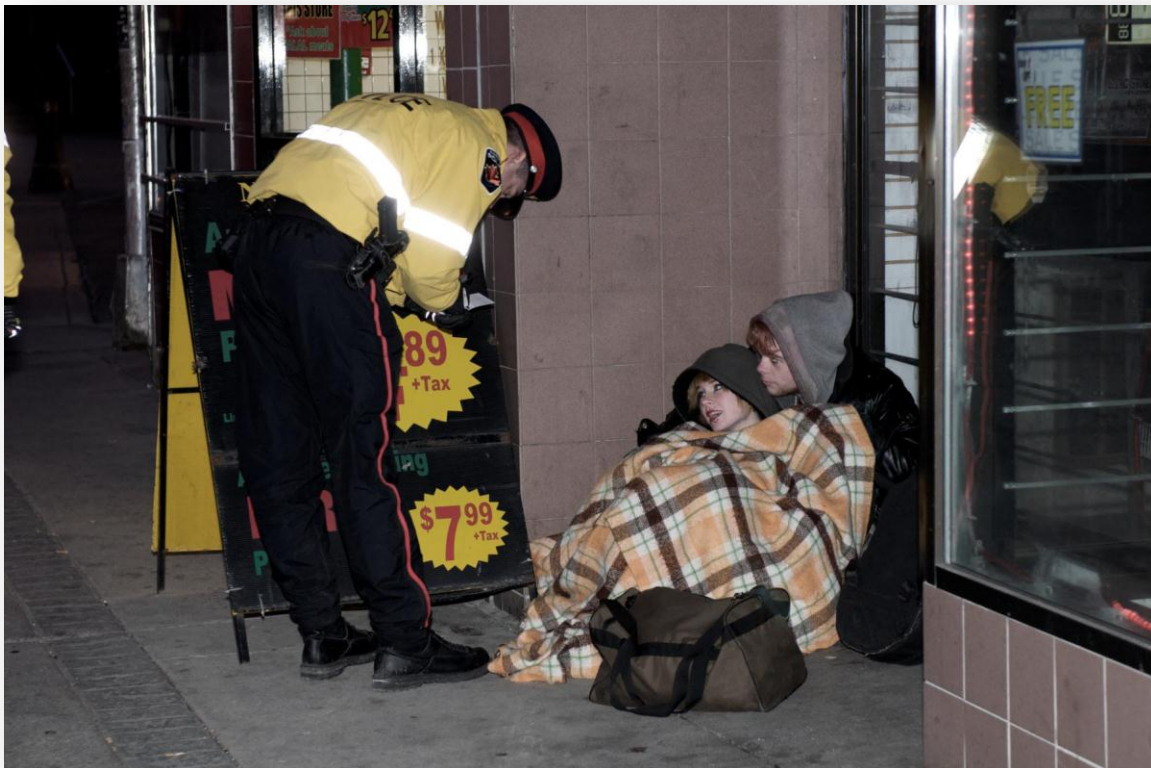
INTRODUCTION

In 2011 the Hamilton Police Service worked in partnership the City of Hamilton Neighbourhood Development, Economic Development and the Emergency Medical Services to create the Social Navigator Program. Over the years this partnership has been expanded to include Wesley Urban Ministries and the Province of Ontario Ministry of Community Safety and Correctional Services. The program has been continually evaluated to ensure it is reaching its goal "to reduce the reliance on the judicial and healthcare systems by navigating people with repeat interactions with police to appropriate agencies, improving the health, safety and quality of life for all citizens."

This report will outline the academic research to support the development of the Social Navigator Program as well as the 2012 and 2013 evaluation studies. Both studies indicate that the program has been successful in navigating people to the appropriate care and reducing contact with police, the judicial system and emergency psychiatric treatment. The 2013 study also indicates that this reduction will continue the longer the clients remain successfully navigated.

PART A: THE PROGRAM

SNP Background Information

Problem

In 2008, a Community Core Business Plan was developed in order to improve the quality of life for all members of Hamilton's Downtown Core. The business plan outlined 8 key strategic directions; downtown cleanliness, crime reduction and prevention, traffic and parking, drug use and disorderly people, communications, property standards and licensing, police visibility, and long term visions.

In 2010, Hamilton's downtown area was considered a "red zone" by the Ontario Association of Chiefs of Police (OACP) which meant it required a high need for police attention. Additionally, a 2009 report showed 44.1% of violent crimes in Hamilton occurred downtown.[1] Based on these findings, the Hamilton Police Service 2010-2012 Business Plan created goals in Public Safety Enforcement "to improve the communities' perception and fear of crime" and Community Problem Solving "to reduce crime and disorder in our neighbourhoods".[2] In order to address the crime trends mentioned, the Hamilton Police Services (HPS) created the Addressing Crime in our Neighbourhoods (ACTION) strategy in May 2010. This strategy was developed according to Toronto's Camel Hump Model and was funded by the Provincial Anti Violence Intervention Strategy (PAVIS). The ACTION strategy is based on a disciplined approach of tactical and targeted patrol techniques where a team of 40 police officers focus on areas that experience high violent crime rates. The strategy uses a combination of techniques such as old-style foot patrol and community patrols, backed by modern intelligence, crime analysis, and community mobilization tools. The highly visible ACTION teams are deployed in the downtown core with the purpose of creating a safer community and prompting the community to re-invest in their own future. The impact of the ACTION team was immediately felt with a high level of enforcement and arrests from May 2010 to December 2011. In just 19 months, officers issued over 8,900 Provincial Offence Notices and 1,912 arrests.[3]

Although enforcement was an important part of the strategy, ACTION officers continued to encounter the same individuals, whether repeat offenders or those "at risk" of becoming involved in criminal activities. "At risk" individuals are people who are considered vulnerable be it to poor or deteriorating mental health, addiction, homelessness, and/or social exclusion. Individuals with repeat police

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[1] Hamilton Police Service Corporate Planning Brach, An Overview of Violence-Prone Areas In Hamilton, January 2010

[2] HPS Business Plan, 2010

[3] ACTION Statistical Reporting 2010-2011

interaction are those individuals who have 3 or more negative police interactions in the last 6 months. These individuals often suffer addictions, mental illness, and/or financial issues that cannot be properly addressed by the judicial system. Officers were often frustrated because fines, tickets, and jail time were not offering long term solutions for these individuals. Furthermore, the judicial system was becoming overworked with the numerous infractions. An evaluation of 20 individuals who had repeat police interaction was conducted and it was found that the average person had 13 negative police interactions in the first 7 months of the ACTION program. Due to underlying socio-economic factors, it was apparent that the judicial system was not the best solution for these individuals.

Research

The development of the SNP was based on the Ontario Mobilization and Engagement Model of Community Policing. The program integrated and reflected the principles of the model, which emphasized the importance of crime prevention through social development.

In order to create healthy and supportive communities there needs to be a shared understanding of the importance of social determinant of health across various sectors and an alignment of their policies and programs.[4] Social Determinants of Health (SDOH) are social and economic conditions that influence people's health and overall quality of life. These are the living and working conditions that people experience in their everyday lives.[5] Health inequities are caused by an unequal distribution of power, income, goods, and services which impacts a person's ability to access quality education, housing, food, and health and social services. It is well understood that individuals with low social economic status (SES) often experience high levels of physiological and psychological stress because they are forced to cope with adverse social conditions. Furthermore, the stress created by these adverse living conditions often leads to anxiety and unhealthy coping behaviours such as substance abuse.[6]

The Social Navigator Program recognized the importance of addressing the various SDOH and reinforced the Ontario Governments' efforts "*To reduce the burden of mental illness and addiction by ensuring that all Ontarians have timely access to an*

Social Determinants of Health (SDOH)
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- Income
- Education
- Unemployment and job security
- Employment and working conditions
- Early childhood development
- Food insecurity
- Social exclusion
- Social safety network
- Health services
- Aboriginal status
- Gender
- Race
- Disability

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[4] Canadian Mental Health Association (CMHA), 2009

[5] Commission on Social Determinants of Health, 2008

[6] Mikkonen & Raphael, 2010

integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, community support and treatment programs".[7] Ontario's Comprehensive Mental Health and Addiction Strategy is guided by four goals:

1. Improve mental health and well-being for all Ontarians
2. Create healthy, resilient, inclusive communities
3. Identify mental health and addiction problems early and intervene
4. Provide timely, high quality, integrated, person-directed health and other human services

The strategy outlines the importance of enhancing the capacity of first responders. Community-based services play a critical role in identifying people with mental health and addiction problems, and in ensuring they receive the appropriate supports. Many individuals with mental health or addiction issues get into trouble with the law therefore police commonly identify these individuals but do not have the resources to refer and follow-up. A shift from institutionalized care to community-based care has resulted in more people with mental illness in the community. Mental illness may cause people to behave in ways that draw police attention therefore; Police officers are becoming the first point of access for persons with mental illness and have been referred to as "informal first responders of our mental health system".[8] While most of the focus of police services with respect to mental illness has been on crisis response (reactive), there are many other types of situations where police interact with people with mental illness.[9] Therefore, Police have become instrumental social support contacts and require appropriate resources to address the issues.

Mental Illness and the Judicial System

Studies show that about 5% of calls for service or police encounters involve Emotionally Disturbed Persons (EDP) and 40% of people with mental illness have been arrested at least once. Sixty percent of police encounters with EDP involve some type of alleged criminal behaviour while the remaining 40% involve crisis, bizarre behaviour and victimization.[10]

Pre-charge diversion is an important strategy in addressing the criminalization of people with mental illness.[11] Pre-charge diversion options can include connecting people to services, apprehending under the Mental Health Act, and crisis response. Officers may use several factors to determine appropriate course of action including: seriousness of crime, history of violence, danger to self or

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[7] Ministry of Health and Long Term Care, 2011

[8] Police and Mental Illness Increased Incarceration, 2005 ; Adelman, 2003

[9] Canadian Association of Chiefs of Police, 2006

[10] Brink et al., 2011

[11] Sorenson, 2010

others, prior police occurrences, available family and community supports, available alternatives to incarceration, and severity of mental health illness. Studies have shown that police may be reluctant to use diversion options due to a lack of services to refer towards.[12]

Incarcerating an individual with mental health issues can lead that individual into experiencing more severe symptoms of their illness. It may also increase the risk of homelessness upon discharge.[13] The CAMH report suggests the best strategies involve creating programs that address the SDOH and creating targeted interventions to reduce the problem behaviours that lead to involvement in the justice system.

The Contemporary Policing Guideline for Working with the Mental Health System was designed to aid police services' develop appropriate amenities and programs for people with mental health issues. The guidelines suggest designating specific roles in order to increase consistency, improve information sharing, and to avoid a diffusion of responsibility. Having an identified contact person to act as a liaison between police and community services allows for consistency in practice and easier identification of recurring issues.

Principles for a Comprehensive Canadian Approach to Mental Health and Criminal Justice (CAMH, 2013)
Principle 2: People with mental illness who commit criminal offences should have opportunities to be diverted from the criminal justice system to the mental health system *Example of actions: Pre-charge diversion programs and mental health crisis teams*
Principle 6: Law, policies and programs should encourage integration between criminal justice system and mental health system to enhance access to service, improve quality of care and facilitate transition between systems. *Example of actions: Police departments, courts and correctional facilities have formal and informal referral partnerships with family physicians, local hospitals, and community services*

Project Description

Based on the presenting problems and the literature, it was clear that the HPS needed alternative options to incarceration and sought to leverage community resources and connect these people to health and social service agencies. This was in an effort to prevent their further involvement in crime by improving quality of life. The HPS recognized the need to help people with addiction and mental health issues but understood that they did not have the capacity to do it alone. Based on the role of police and their competencies it was evident that additional skillsets and strategies were required to help the hard to reach population. The police partnered with the City of Hamilton Neighbourhood Renewal, the City of Hamilton Economic Development, and Emergency Medical Services (EMS), to create the Social Navigator Program (SNP).

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[12] Wilson-Bates & Chu, 2008

[13] Ministry of Health and Long Term Care, 2006

Partners

Emergency Medical Services was able to partner with police as a result of the development of the Community Referrals Emergency Services (CREMS) program a few years earlier. The goal of CREMS was to identify chronic repeat users of paramedic services and the health care system. As the goal of CREMS was similar to the one established by Hamilton Police Service, EMS agreed to provide a paramedic to assist with the program. Emergency Services had funding to support half the salary of the paramedic, however additional funding was required. The City of Hamilton Neighbourhood Renewal and Economic Development offered financial support to the SNP as they shared the common goal of reducing crime and disorder by addressing the needs of individuals with repeat police interaction and "at risk" individuals. Therefore, the pilot program was able to proceed. The paramedic provided by EMS had a Bachelor's Degree in Social Work and a Master's Degree in Public Policy which was beneficial to the Social Navigator Program.

Implementation

The Social Navigator Program (SNP) was established in July 2011 as an extension of the ACTION strategy. The goal of the program was to connect and support individuals through a referral process, by engaging all social and healthcare agencies in the City of Hamilton. The other objective was to reduce reliance on the judicial and healthcare systems by navigating clients toward the appropriate agency while improving the health, safety, and quality of life for all citizens.

How it worked

The ACTION team identified and referred individuals to a city-subsidized paramedic who navigated clients to appropriate social or health agencies, based on client needs. There were eight main categories that represented the "needs" of social navigator clients, which included mental health, income, housing/shelter, addiction counselling, employment counselling, mobility needs (public transportation, scooters, wheel chairs), primary health care (physician, nurse practitioner, hospital), and financial trustee. Clients were considered "navigated" once an agency took the lead on providing support or care, in addition to a reduction in negative police contact.

> Originally the program was intended to be voluntary but as of October 2012 the courts began to mandate clients to participate in the SNP as an alternative to incarceration.

Anticipated Benefits of the SNP

The SNP would allow for Police to proactively assist the vulnerable population through a referral system. The SNP would improve coordination across health and social services which would allow for more appropriate service linkages. By allowing community partners to work in collaboration with the Service, the Police are able to move beyond enforcement and contribute to a proactive and social justice approach which focuses on prevention and health promotion. The SNP would be 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.

Evolution of the Program

Based on the recommendations provided during the initial evaluation in early 2013, additional funding was sought out to hire a 0.5FTE Hamilton Police Service Social Navigator Program Officer and a 0.5 FTE Social Navigator Case Coordinator. The role of the SNP Police Officer involved assisting with the referral process, attending initial assessments with the paramedic if safety concerns were noted, improve information exchange between the paramedic and the ACTION team, and monitor police interactions of SNP clients. The role of the Case Coordinator was to assist with administrative duties, evaluation, client follow-up, and improve communication between the ACTION team and agencies involved in a clients' circle of care.

PART A REFERENCES

Hamilton Police Service Corporate Planning Branch, An Overview of Violence-prone Areas in Hamilton, January 2010 Hamilton Police Service 2010-2012 Business Plan

ADELMAN, J. (2003). STUDY IN BLUE AND GREY. POLICE INTERVENTIONS WITH PEOPLE WITH MENTAL ILLNESS: A REVIEW OF CHALLENGES AND RESPONSES. VANCOUVER, BC: CANADIAN MENTAL HEALTH ASSOCIATION. RETRIEVED FROM HTTP://WWW.CMHA.BC.CA/FILES/POLICEREPORT.PDF

BRINK, J., LIVINGSTON, J., DESMARAIS, S., GREAVES, C., MAXWELL, V., & MICHALAK, E. ET AL. (2011). A STUDY OF HOW PEOPLE WITH MENTAL ILLNESS PERCEIVE AND INTERACT WITH THE POLICE. CALGARY, ALBERTA: MENTAL HEALTH COMMISSION OF CANADA. RETRIEVED FROM HTTP://WWW.MENTALHEALTHCOMMISSION.CA/ENGLISH/DOCUMENT/437/STUDY-HOW-PEOPLE-MENTAL-ILLNESS-PERCEIVE-AND-INTERACT-POLICE

MIKKONEN, J., & RAPHAEL, D. (2010). SOCIAL DETERMINANTS OF HEALTH: THE CANADIAN FACTS.
TORONTO: YORK UNIVERSITY SCHOOL OF HEALTH POLICY AND MANAGEMENT.
THE PUBLICATION IS AVAILABLE AT HTTP://WWW.THECANADIANFACTS.ORG/

MINISTRY OF HEALTH AND LONG-TERM CARE. (2011). OPEN MINDS, HEALTHY MINDS: ONTARIO'S COMPREHENSIVE MENTAL HEALTH AND ADDICTIONS STRATEGY. TORONTO, ONTARIO: AUTHOR. RETRIEVED FROMHTTP://WWW.HEALTH.GOV.ON.CA/EN/COMMON/MINISTRY/PUBLICATIONS/REPORTS/MENTAL_HEALTH2011/MENTALHEALTH_REP2011.PDF

MINISTRY OF HEALTH AND LONG-TERM CARE. (2006). A PROGRAM FRAMEWORK FOR: MENTAL HEALTH DIVERSION/COURT SUPPORT SERVICES. TORONTO, ONTARIO: AUTHOR. RETRIEVED FROMHTTP://WWW.HEALTH.GOV.ON.CA/EN/COMMON/MINISTRY/PUBLICATIONS/REPORTS/MENTALHEALTH/FRAMEWORK.PDF

SORENSON, K. (2010). MENTAL HEALTH AND DRUG AND ALCOHOL ADDICTION IN THE FEDERAL CORRECTIONAL SYSTEM. REPORT OF THE STANDING COMMITTEE ON PUBLIC SAFETY AND NATIONAL SECURITY. OTTAWA, ONTARIO: GOVERNMENT OF CANADA. RETRIEVED FROMHTTP://WWW.PARL.GC.CA/CONTENT/HOC/COMMITTEE/403/SECU/REPORTS/RP4864852/SECURP04/SECURP04-E.PDF

WILSON-BATES, F. & CHU, J. (2008). LOST IN TRANSITION: HOW A LACK OF CAPACITY IN THE MENTAL HEALTH SYSTEM IS FAILING VANCOUVER'S MENTALLY ILL AND DRAINING POLICE RESOURCES. VANCOUVER, BRITISH COLUMBIA: VANCOUVER POLICE DEPARTMENT. RETRIEVED FROMHTTP://VANCOUVER.CA/POLICE/ASSETS/PDF/REPORTS-POLICIES/VPD-LOST-IN-TRANSITION.PDF

CANADIAN ASSOCIATION OF CHIEFS OF POLICE (CACP) HUMAN RESOURCE COMMITTEE. (2006). CONTEMPORARY POLICING GUIDELINES FOR WORKING WITH THE MENTAL HEALTH SYSTEM. RETRIEVED FROM WWW.PMHL.CA/WEBPAGES/REPORTS/GUIDELINES%20FOR%20POLICE.PDF

COMMISSION ON SOCIAL DETERMINANTS OF HEALTH. (2008). CLOSING THE GAP IN A GENERATION: HEALTH EQUITY THROUGH ACTION ON SOCIAL DETERMINANTS OF HEALTH. GENEVA, WORLD HEALTH ORGANIZATION.
CANADIAN MENTAL HEALTH ASSOCIATION. (2005). POLICE AND MENTAL ILLNESS: INCREASED INCARCERATIONS. RETRIEVED FROM www.cmha.bc.ca/files/policesheets_all.pdf

PART B: THE EVALUATION

Evaluation 1: 2012

Police Interaction

In 2013, The City of Hamilton Community Services Department and a graduate student from Laurier University evaluated the SNP for impact and effectiveness. As of February 2013, 81 individuals had been navigated. Forty-three (43) of these individuals had been out of the program for six months. A comparison was done looking at client behaviour six months prior and post involvement with the SNP.
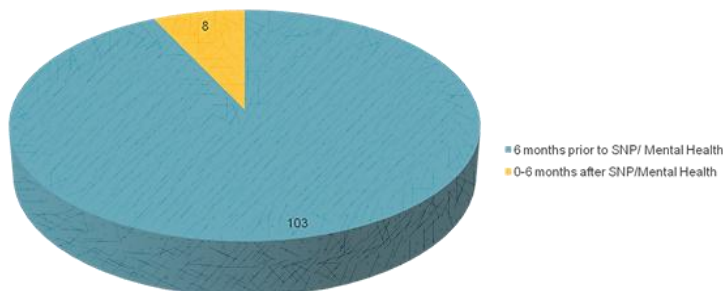
In the area of the arrestable offences, prior to becoming involved with SNP the total number of criminal code offences the 43 clients committed during the six-month timeframe was 63. This fell to 29 in the six months after they left the program.   Aggressive panhandling was also evaluated because 8 of the navigated clients were classified aggressive panhandlers meaning they had at least 5 aggressive panhandling charges prior to their involvement in the program.   Before SNP involvement, these individuals were issued an average of 1 ticket every 9 days.

Criminal Charges Comparison - 6 months prior to vs 0-6 months after SNP

29 / 63

■ 6 months prior to SNP/Criminal Charges
■ 0-6 months after SNP/Criminal Charges
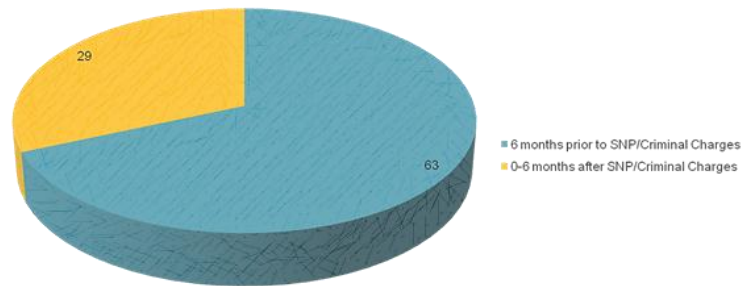
Upon completion of the program, this ratio was increased to 1 ticket every 76 days. In the area of Mental Health, in the six months prior to becoming involved in the program there were 103 mental

Mental Health Comparison - 6 months prior vs 0-6 months after SNP

8 / 103

■ 6 months prior to SNP/ Mental Health
■ 0-6 months after SNP/Mental Health

health calls, often leading to individuals being transported to the hospital for assessment. This number was reduced to 8 in the six months after the program meaning the number visits and time spent at the hospital has decreased. Many of these clients are now taking medication routinely, or have a case worker who interacts with the individual before police or EMS is called.

Community Services Feedback

A survey was distributed to the six main social service agencies that worked with the SNP. The survey showed that the majority of clients referred to agencies through the SNP were clients the agency had previous interactions with. However, these agencies stated that the SNP enhanced their ability to help clients. Although the feedback was positive it was suggested that the program have more Social Navigators and work with additional agencies to meet the demands of the increasing client base.

ACTION Officers

The ACTION officers were given a survey. The majority of officers believed the program decreased criminal activities; however, some made note that it only reduced crimes committed by people in the program and did not have an effect on overall crime. Additionally, support for the program was high but there was some resistance to working with other agencies. Some officers held the belief that police officers were capable of looking after social issues and that making arrests should be their number one priority.

Client Feedback

Client feedback was also important and therefore 5 people who had completed the program were interviewed. All clients interviewed said that their quality of life was better after participating in the program. The one suggestion given was to improve the ways in which the program is explained during initial contact with the client. Due to the low response rate, attrition bias is likely and therefore data showed should be interpreted with caution.

Results and Recommendations

Overall, the initial evaluation showed that the SNP was achieving its goal to divert individuals away from the judicial system and improving quality of life for its clients. The evaluation also revealed the need to expand the number of social agencies working with the SNP and the needs to improve communication with stakeholders, including sharing results of assessment and following up.

# Evaluation 2: 2013 Social Navigator Program Before and After Evaluation

Police interaction trends for before, during and after SNP (Aggregate data)

In 2013, 91 individuals were referred to the SNP. Of the 91 referrals, 11 individuals declined service, 6 did not meet the program mandate, and 28 were already well connected and therefore required minimal assistance

from the Paramedic Social Navigator (PSN). The remaining 46 people who actively participated in the SNP. Forty three (43) clients had enough information to compare the average number of police interactions 0-12 months before, during SNP, and 0-12 months after SNP. (Three clients did not have electronic files, therefore start dates were unknown). Figure 1 shows the average number of police interactions over a 24 month period. The trend line indicates an overall decrease in negative police interactions.[14] On average, the highest peak in police interactions was at 7-12 months before SNP and the lowest was at 7-12 months after SNP.

The length of time a client participated in the program ranged from 1-8 months; with average of 2.8 months per client. It should be noted that some clients may have participated in the program for less than 1 month but for analysis purposes 1 month was considered to be the minimum amount of time in the program.
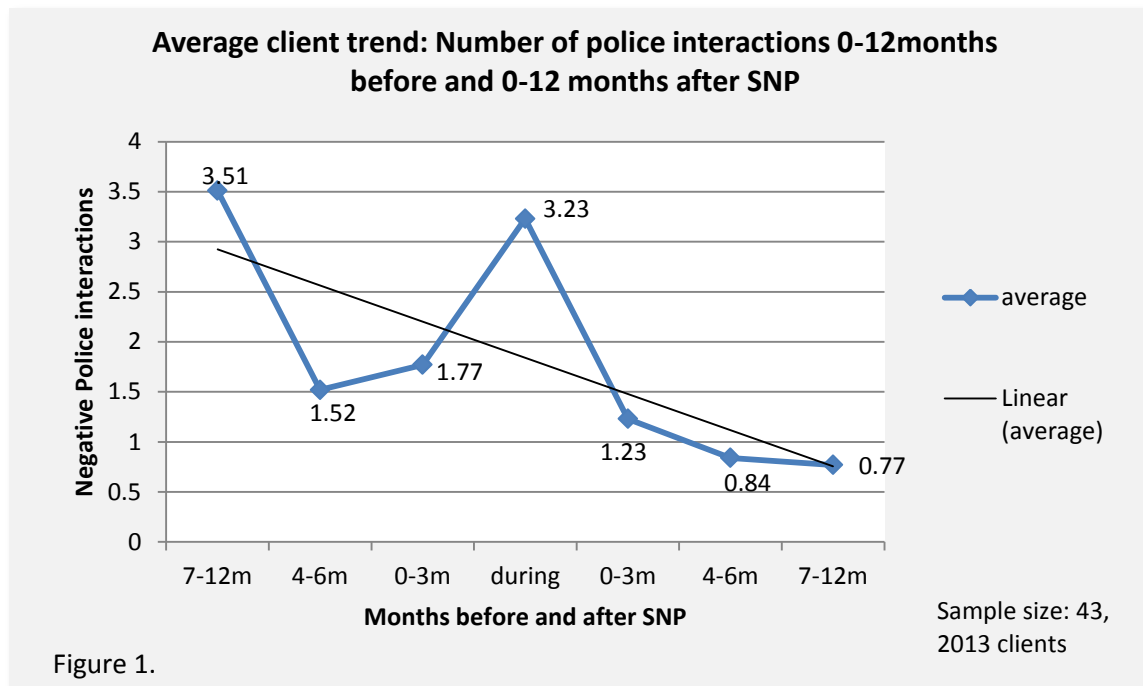
Figure 1.

Key observations (figure 1):

➢ There was a 58.7% *decrease* in the average number of police interactions 0-12 months after SNP
➢ There was a 45.2% *increase* in the average number of police interactions during SNP compared to 0-3 months before SNP
➢ There was 61.9% *decrease* in the average number of police interactions 0-3 months after SNP compared to the average number during SNP

The data shows that the average client begins to escalate in behaviour 6 months before SNP and positive changes (decreases in interactions) are not noticed until after discharge. Increases during SNP are likely

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[14] Negative police interaction is defined as any occurrence with police where the individual is a suspect, accused, cautioned, charged, or has and EDP incident. Provincial Offence Notices were not included in this study.

because the Paramedic Social Navigator (PSN) is working towards identifying and resolving the underlying conditions leading to escalation in police interactions. It takes time to refer clients to services and it may take several attempts to connect them to the service most appropriate for their needs.

Overall, it can be concluded that the SNP is successful at reducing the number of police interactions for SNP clients. This also indicates that the ACTION team is effective at identifying individuals requiring additional assistance due to underlying causes that may have triggered an escalation in negative police interactions. Lastly, the decrease shows that the PSN is successful at decreasing the number of negative police interactions through an assertive, client centered approach.

Before and after analysis for police interactions at 0-3, 0-6 and 0-12 months (Aggregate data)

The average number of police interactions per month at 0-3, 0-6 and 0-12 months was evaluated using clients who had been out of the program for at least 12 months (figure 2). Twenty four (24) clients were identified from the 2013 cohort and were used to compare the average number of incidences between 0-3, 0-6 and 0-12 months before and after SNP. The average number of Emotional Disturbed Persons (EDP) incidences were also analyzed.
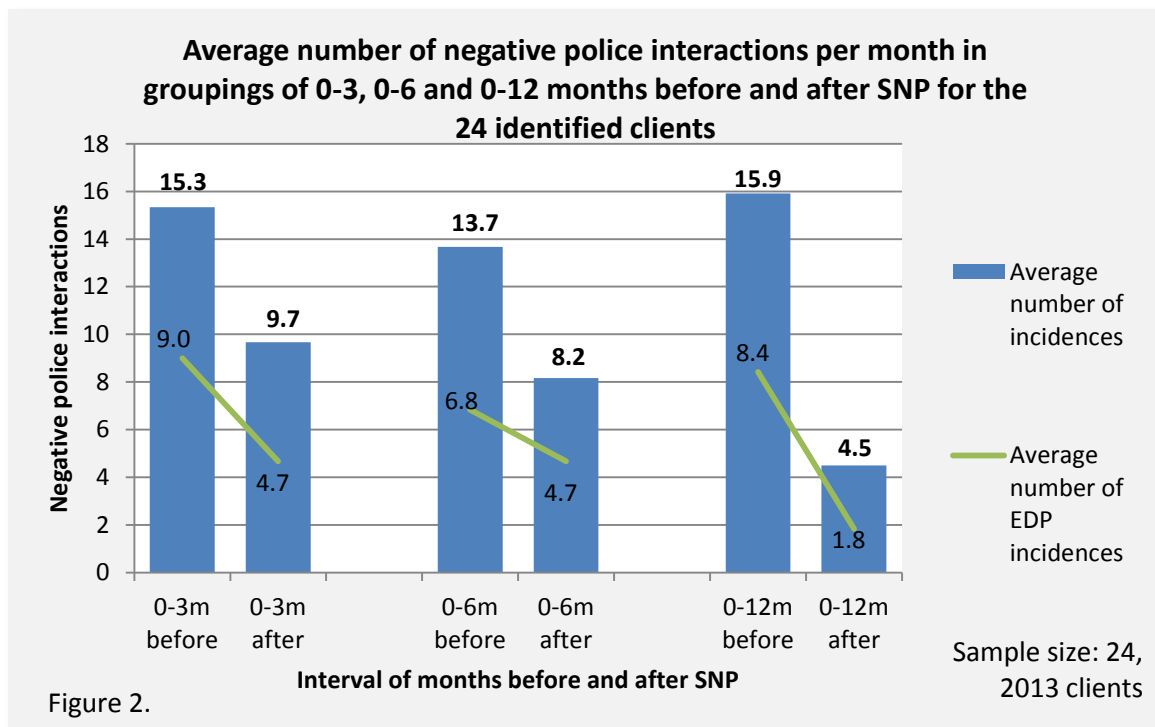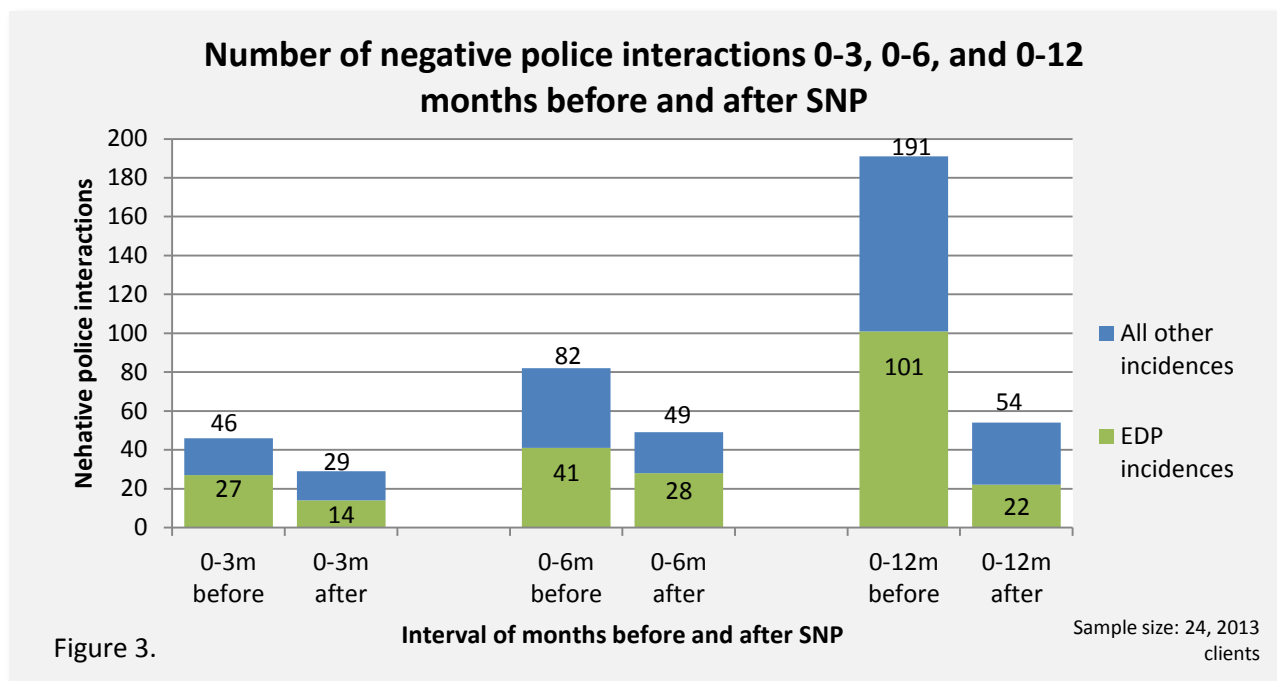

Figure 2.

Key Observations (figure 2):

➢ Overall there are less police incidences with SNP clients after SNP compared to before
  • 0-3 months after SNP, there was a 36.6% *decrease* in the average number of negative police interactions for SNP clients
  • 0-6 months after SNP, there was a 40.1% *decrease* in the average number of negative police interactions for SNP clients

- 0-12 months after SNP, there was 71.7% *decrease* in the average number of negative police interactions for SNP clients
➢ Overall there is a decrease EDP incidences after SNP compared to before SNP
  - 0-3 months after SNP, there was a 47.8% *decrease* in the average number of EDP calls for SNP clients
  - 0-6 months after SNP, there was a 69.1% *decrease* in the average number of EDP calls for SNP clients
  - 0-12 months after SNP there was a 78.6% *decrease* in the average number of EDP calls for SNP clients

Between 0-12 months before the program, SNP clients accounted for 191 incidences (101 being EDP related) (figure 3). In contrast, between 0-12 months after the program, SNP clients accounted for 54 incidences (22 being EDP related).

Number of negative police interactions 0-3, 0-6, and 0-12 months before and after SNP

Figure 3.

Key Observations (figure 3):
➢ Overall, there was a significant reduction in incidents and EDP calls when comparing the 0-12 months before with the 0-12 months after SNP
  - There was a 72% reduction in all incidents
  - There was a 78% reduction in the number of EDP incidents

Figures 2 and 3 show that the SNP had an impact on reducing the number of negative police interactions and the proportion of EDP incidences experienced. The decrease in the proportion of EDP incidences at 0-12 months before and after could be a positive indication that the SNP was successful at diverting individuals with mental health issues away from the criminal system and towards the appropriate community supports. It also demonstrates that officers responded to fewer EDP incidences that lead to apprehensions under the MHA and visits to hospitals with the sample group.

Before and after analysis for police interactions at 0-3, 0-6 and 0-12 months (Individual data)

Forty three (43) clients from 2013 were available for the analysis. Any clients with zero interactions before and after SNP and any clients who were not out of the program long enough were removed from the appropriate interval analysis.

**Changes to police interactions 0-3 months
after SNP compared to 0-3 months before
(N=30)**

16.7% Stayed the same
23.3%
60.0% Decrease
Increase
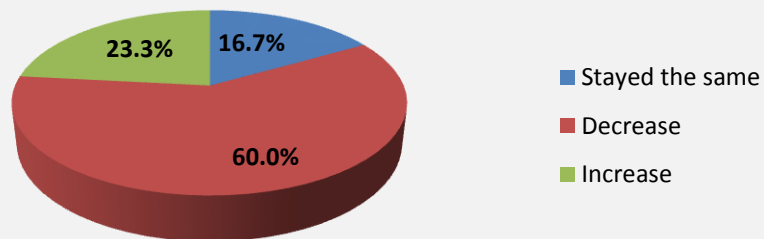
Figure 4.

**Changes to police interactions 0-6 months
after SNP compared to 0-6 months before
(N=36)**

11.1% Stayed the same
30.6%
58.3% Decrease
Increase
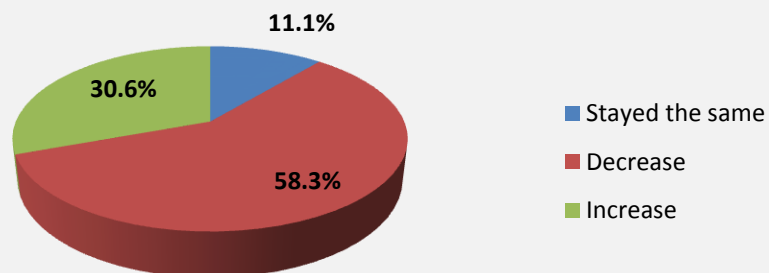
Figure 5.

**Changes to police interactions 0-12 months
after SNP compared to 0-12 months before
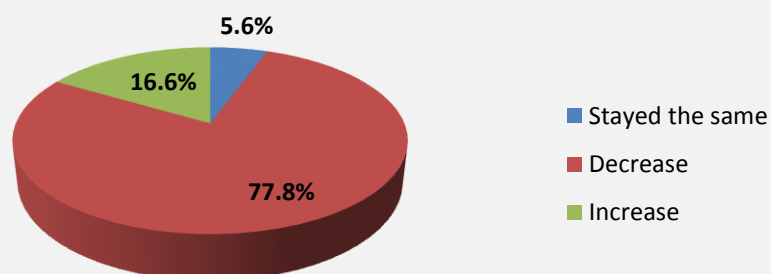(N=18)**

5.6% Stayed the same
16.6%
77.8% Decrease
Increase

Figure 6.

Overall the majority of clients had a decrease in negative police interactions after SNP (figure 4-6). At 0-3 months after SNP, 23.3% of clients showed an increase in police interaction. Due to such increases, a 3 month monitoring period was implemented in April 2014 in order to prevent recidivism and to ensure appropriate connections were made.

Before and after analysis for EMS transports at 0-3, 0-6 and 0-12 months (Aggregate data)

Due to data gathering restrictions, EMS was only able to provide the number of transports to hospitals for SNP clients. Since total EMS responses was not available, the data provided is an underestimation of the number of interactions EMS has with SNP clients and true effect cannot be determined.

All active SNP clients from July 2011 to June 2014 were cross referenced with the EMS database. Thirty nine clients had at least 1 transport to the hospital between July 2011 to June 2014. The total number of transports and average number of transports per person from 0-3, 0-6, and 0-12 months before and after SNP was evaluated. The sample size decreases at each interval because there were less clients out of the program for at least 6 or 12 months. There is no evidence that the SNP caused a decrease in transports however; it is unknown how many EMS interactions with clients were eliminated as the data only captures transports. The SNP clients represent 1.98% of all EMS transports.


Figure 7.
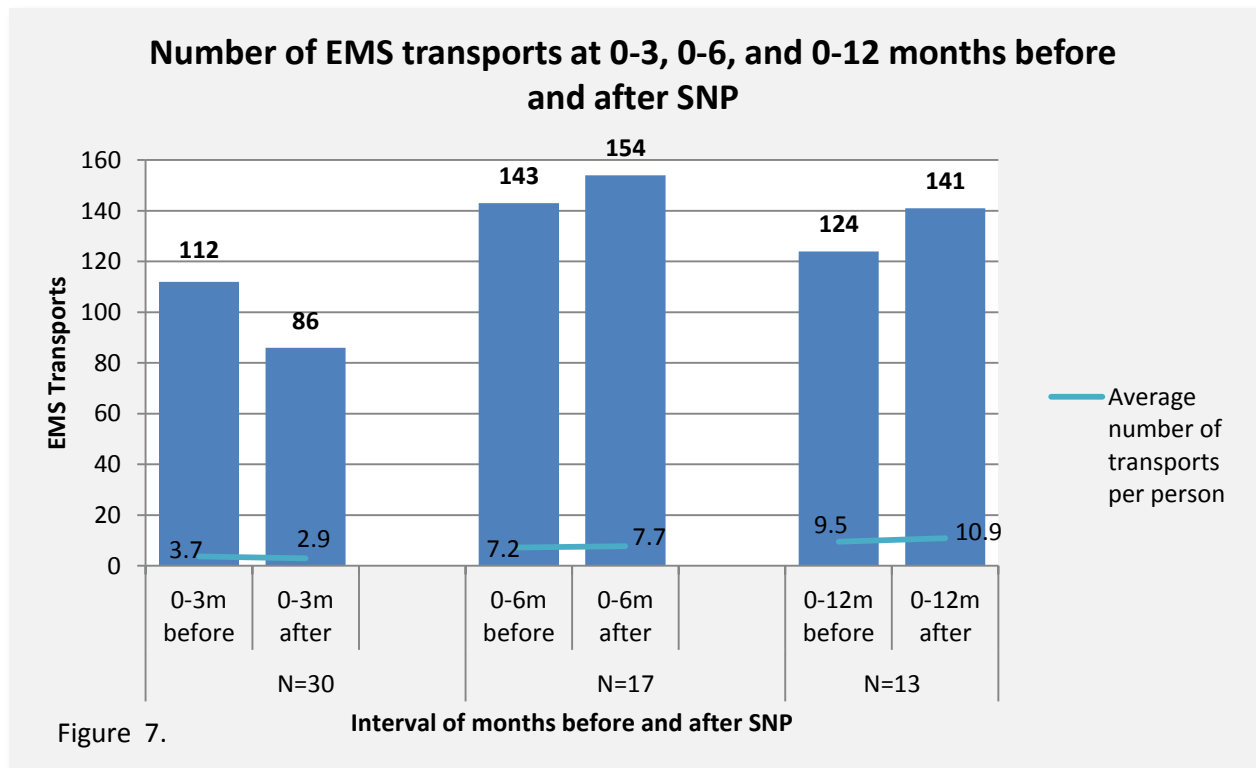
The Paramedic Social Navigator (PSN) is also available to respond to emergency calls. In 2013, the PSN made 79 responses to 911 calls.

Evaluation 3: 2013 Client Demographics

SNP Client Characteristics

Seventy one people were available for this analysis. Of the 71 people, one did not have a date of birth listed. Client ages ranged from 14 to 66 years, with an average age of 38 years (figure 8). Male clients were more prevalent, making up 69% of the sample. Seventeen clients had one or more convictions on record. Of those 17 clients, 14 had been convicted within the 10 years prior to SNP involvement. Four of the 14 clients had zero days in custody but had probation time. Cumulatively, the 14 clients had 1165 days in custody and 477 months (39.75 years) on probation prior to SNP.

Figure 8.
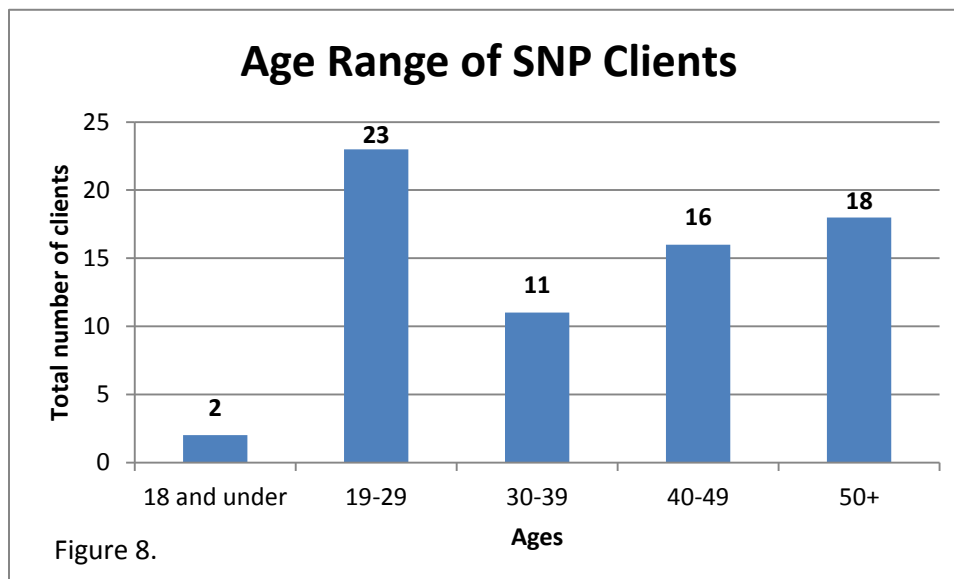
Of the 71 people, 41 have a health concern listed on file and some clients had multiple concerns. The most common illnesses among SNP clients were Schizophrenia, Bipolar Affective Disorder, Depression, Anxiety, and Borderline Personality Disorder. Other illnesses included Asperger's, Post-Traumatic Stress Disorder, Diabetes, Obsessive Compulsive Disorder, Developmental Delay, Acquired Brain Injury, Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, Alcoholism, Delusional Disorder, Mood Disorder Learning Disability, Behavioural, Gender Identity, Dementia, Epilepsy, and Seasonal Affective Disorder.

During intake, clients were asked several questions about income, a family doctor, community supports, and drug use. Client responses are shown in figures 9 through 12.

Key Observations (figure 9 to 12):

- The most common income sources for SNP clients were ODSP and OW
- Many clients have an existing case worker and family doctor
- 39% of clients said that they use street drugs while 35% did not provide an answer

Income Source for SNP Clients

23%
48%
6%
1%
6%
17%

- ODSP
- OW
- Other
- CPP
- None
- Not specified
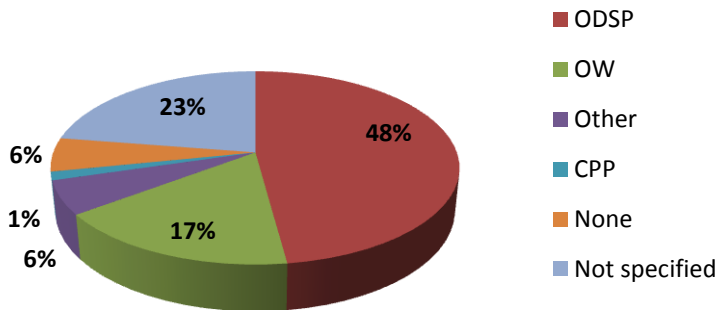
Figure 9.

Client responses to "Do you have a case manager"?

15%
8%
76%

- Yes
- No
- Unknown
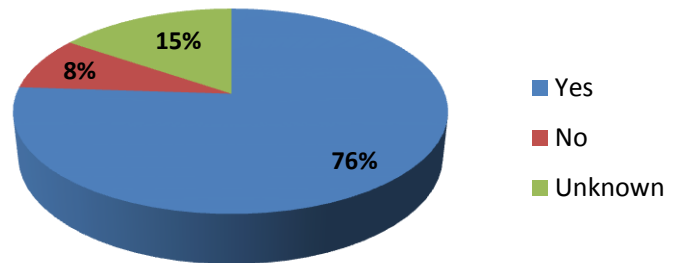
Figure 10.

Client responses to "Do you have a family doctor"?

25%
15%
59%

- Yes
- No
- unknown
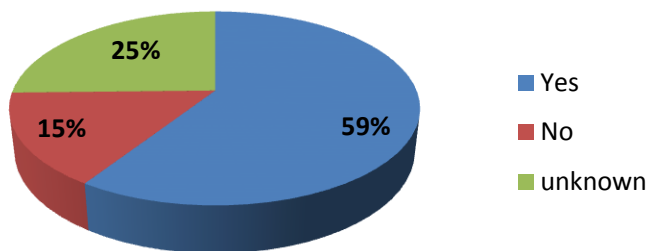
Figure 11.

Client responses to "Do you use street drugs"?

35%
39%
25%

- Yes
- No
- Unknown
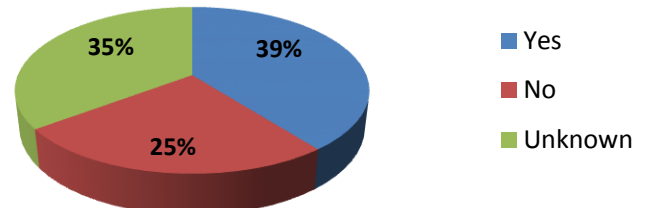
Figure 12.

SNP Client Referrals

Between January 2013 to December 2013, 78 clients were discharged from the program, 85% of which were referred to at least one type of program or service. The remaining 15% (12 clients) were likely resistant to change and did not follow-through with the SNP after agreeing to participate. For the 66 clients discharged in 2013, 142 referrals were made to social supports and health services. The most number of referrals made for one client was 6 referrals while the average number of referrals made per client was 2 referrals.

Referral Type

14%
30%
24%
5%
10%
14%
3%

- Mental Health
- Income Support
- Housing/Shelter
- Withdrawl Management
- Employment Counselling
- Primary Health
- Other

Figure 13.

The majority of referrals made were for mental health services (30%) and primary health (24%), followed by housing and shelter (14%), other services (14%), withdrawal management (10%), income support (5%), and employment supports (3%) (figure 13). Other services include services such as the dentist, application for an OHIP card, grief counselling, and assistance attaining food and clothing.

Cost Effectiveness Discussion

In 2013, the average time spent per EDP call was 162.88 minutes.[15] When attending to an EDP call it is common for 2 or more officers to provide service.

The previous analysis indicated there was a 78% decrease in the number of EDP incidences. For the sample of 24 people, EDP calls 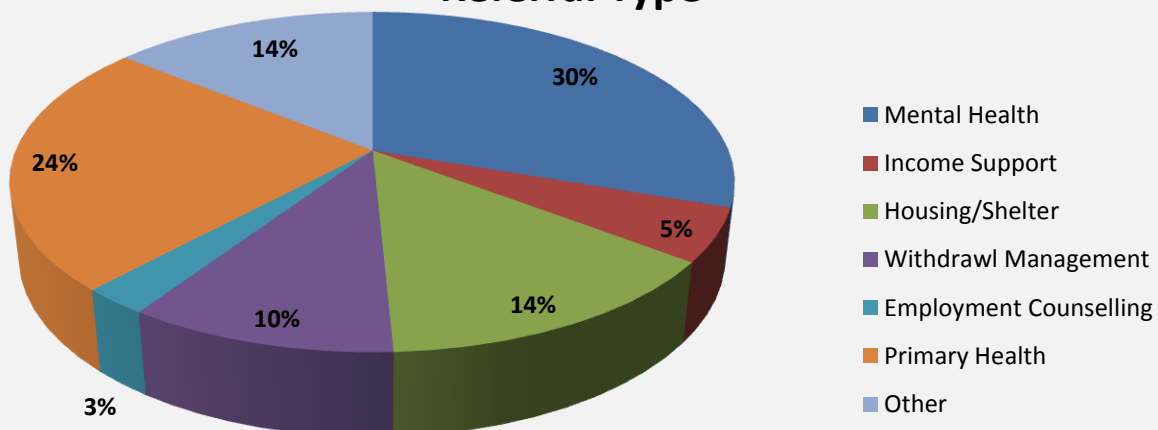dropped to 22 incidences after SNP compared to 101 EDP incidences 0-12 months before SNP. Given the average time spent per EDP call was 162.88 minutes, it can be estimated that the SNP contributed to 214.5 hours of time savings for one officer over 12 months. Since it is common practise for at least 2 officers to attend and EDP call, it can be estimated that 429 hours were saved over a 12 month period because of SNP intervention.

The Hamilton Police Service had around 2000 EDP calls in 2013.[15] The sample of 24 clients contributed to 101 EDP calls over a 12 month period so it can be estimated they make up about 5% of EDP incidences. However, this number is an underrepresentation since only clients with enough data for a 24 month analysis were included. If an assumption is made that similar trends would be seen for the entire 2013 SNP population, it can be assumed that SNP clients were responsible for about 194 EDP calls (10% of all EDP calls).

The Value of Health

In a given year, 1 in 5 Canadians experience a mental health or addiction problem and 20% of people with mental illness have a substance problem.[16] Subpopulations such as low income or the homeless population have higher rates of mental illness compared to the general population.[16] In Canada, mental illness is the second leading cause of disability and premature death.[16] The economic burden of mental illness in Canada is estimated at $51 billion per year due to health care costs, lost productivity, and reduction in quality of life.[16] Additionally, in Ontario the annual cost of alcohol-related health care, law enforcement, lost productivity, and other related problems is estimated at $5.3 billion.[16] Of the 10 leading causes of disability worldwide, 5 are mental health problems (depression, alcohol misuse, bipolar affective disorder, schizophrenia, and obsessive compulsive disorder) which are common among SNP clients.[17]

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[15] CAD Report 2013, Hamilton Police Services

[16] Centre for Addiction and Mental Health. *Statistics on Mental Illness and Addictions*. Retrieved from http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

[17] Mental Health Commission of Canada, 2006 (2006). *Mental Health First Aid*. Canada: Betty Kitchener & Anthony Jorm.

Every day, 11 Canadians die by suicide and 200 attempts are made.[16] Approximately 90% of suicide victims have a mental illness, and the risk is increased with a substance abuse disorder.[18] Many SNP clients struggle with both a mental illness and substance misuse, increasing their risk of dying by suicide. Additionally, 1 in 10 people with schizophrenia die by suicide and given that the schizophrenia is the most common mental disorder among SNP clients, the program may unintentional act as a suicide prevention strategy.

Mental disorders cause changes in people's thinking, emotional state, and behaviour, and disrupt their ability to carry out everyday tasks.[17] Lack of insight to the problem is common for people experiencing a mental illness since their ability think clearly and make good decisions is hindered. Additionally, symptoms of a mental illness can be cyclic or experienced in episodes so it is important to have supports available that can both connect people to support services and aid in the treatment process. A snapshot of data was gathered to assess 2014 client insight and health rating. According the Paramedic Social Navigator's observations 41.7% of clients lacked insight and had a poor health rating, 22.2% had some insight, and 36.1% were insightful. The Social Navigator Program is a resource for front line officers to be able to connect people in need to services. The Social Navigator understands that a lack of insight impacts a client's ability to guide their own care and therefore the navigator provides clients with guidance and support to access the appropriate services in the community.

Client Feedback

A standardized questionnaire was created and 14 former or current SNP clients were interviewed. Clients were selected based on their availability, accessibility, and capacity level. Therefore, clients who were incarcerated or unable to understand what was being asked were excluded from the survey. Most interviews were conducted in person but some were completed by telephone. Half of the clients interviewed were court mandated clients and the remainder were voluntary clients.

All respondents felt the SNP helped move them in a positive direction and were satisfied with the support they received (table 1). When asked if the SNP improved their ability to access services, one court mandated client disagreed because he said "*I had access to the same services before. I've known about the services for over 9 years, now I was just accessing them more*". Several court mandated clients had also made similar comments saying they needed the assertive approach to get things done because without the Navigator telling them what to do they would have "*been a slacker*" or "*to lazy to go*".

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[18] Canadian Mental Health Association. *Suicide Statistics.* Retrieved from http://toronto.cmha.ca/mental_health/suicide-statistics/

Table 1. Client Satisfaction with the Program	Agree	Disagree	Don't know
I feel involvement with the Social Navigator Program helped me move in a positive direction	100% (14)		
The Social Navigator Program helped connect me to services	92.9% (13)		7.1% (1)
The Social Navigator Program improved my ability to access services	92.9% (13)	7.1% (1)	
The Social Navigator Program helped me stay connected with my support services	78.6% (11)	14.3% (2)	7.1% (1)
I am satisfied with the support I received from the Social Navigator Program	100% (14)		

Clients were also asked about their experience with the Social Navigator (table 2). All clients were satisfied with their relationship with the Social Navigator. One court mandated client did indicate he felt the Social Navigator didn't listen to his needs initially, but recognized it was because they didn't know each other and needed a few weeks to figure out how much responsibility each should have. Once the Navigator recognized the client was mature and motivated the client felt better about the arrangement because he had more control.

Table 2. Client Satisfaction with the Social Navigator	Agree	Disagree	Some-what
I felt that the Social Navigator treated me with respect	100% (14)		
I felt that the Social Navigator listened to my needs	92.9% (13)		7.1% (1)
I felt as though the Social Navigator was looking out for me	100% (14)		
I felt comfortable around the Social Navigator	100% (14)		

Clients were asked several open ended which are listed below:
- What did you like about the program?
- Is there anything you didn't like about the program?

➢ How has the SNP helped you?
➢ How are you doing now compared to before SNP involvement?
➢ If the SNP hadn't offered you help where do you think you would be now?
➢ How do/did you feel about being a court mandated; having to follow the direction of the Social Navigator?

The following themes were observed:

- **Court mandated clients like the structured and assertive approach**

The program has received some scrutiny from some service providers who feel the program is not client centred, particularly when it comes to court mandated clients. However, many court mandated clients indicated that the assertive approach was very effective. Here are some client responses when asked how they felt about being court mandated and having to follow the direction of the Social Navigator.

> *"It added structure to my life instead of being in chaos all the time. I had someone to answer to, so he is a role model. He keeps you in line but non-aggressively so I knew I wasn't going to catch a hit if I didn't do as told. It's inspirational. I liked being told exactly what to do even if in the moment I probably didn't like it, I needed it".* – **Court Mandated Client 1**

> *"It's helpful because I wouldn't do it otherwise and would be spiralling down. This is the only way I would do anything. I may not always like it but I need it, it's good for me".* –**Court Mandated Client 2**

> *"Most people don't follow through so I think it works. Nobody likes being told what to do but it helped. It got me doing things I needed to do, like go to appointments. If I wasn't court mandated I wouldn't have followed through. Even if my court conditions said not to do things I probably would have failed because there is no one to help. I mean I would have tried but probably failed with no support. The program sees you in the community and tries to remove you from a situation before you get to jail".* –**Court Mandated Client 3**

> *"I think it's important to remember that there are people that are slightly different than most of his other clients. I am motivated and didn't need to be told what to do all the time. Once he realized I was capable and mature and I got to know him, we had a better relationship because we understood how we both work, so it's good now".* –**Court Mandated Client 4**

> *I felt okay about it. He asked me once to join the program but I said no but them something happened and I went to court and he helped me out. Initially I wasn't pleased but it worked out well because I make my appointments now and he helped get people out of my house which was great.* –**Court Mandated Client 5**

- **Approach is honest and it gets things done**

All respondents said that since their involvement in the SNP they are doing better. One client responded by saying *"I am 100% better, well no, maybe 80%. Pat tried to get me completely off drugs and panning but that's not gonna happen. I use to use every day and now I use a lot less and he got me off the streets and out of*

shelter". Many clients expressed that the approach was the most effective way to get things done and even though they may not have liked it at the time they now recognize it is exactly what they needed. Here are some client responses when asked about their experience with the Social Navigator:

> *"He was very straightforward. He gives you a choice, you either do or you don't, so it was good…He is a little strong at times but we need that to open our eyes. He's stern but not in a bad way but a good way. He puts the truth right out on the table. I like his way"* - **Client 9**

> *"I don't know how to describe it. He is tough but not tough in a bad way. My parents were strict and I didn't like that but he was too but it was different. He gave me a lot of breaks and several chances which was good. Pat was good to me…Pat is more one on one. He gets things done. Shelter staff have over 200 people to worry about so they don't care about me".* –**Client 13**

> *"He got me into the Threshold program but he had to drag me out of Sally to Wesley when I was too lazy to go"*- **Court Mandated 7**

> *"They (SNP) see things I don't and that is part of the reason I am here. I don't know why they put up with me, they tell me like it is even if I don't want to hear it"*- **Court Mandated 2**

- **Clients appreciate that they have someone who can vouch for them**

All clients expressed that the Social Navigator has helped them a great deal. Clients found it helpful that there was someone they could talk to about navigating the judicial system, getting connected to services, and overcoming barriers that affect their ability to access services.

> "*He vouches for me on a lot of things and sticks his neck out for me. He helped me get into a shelter that wasn't going to take me because of my past history but made it happen. I can count on him"* –**Court Mandated 3**

> *"I liked how the program gave me an extra hand, extra support, someone to vouch for me you know….He's like a big brother to me. He took care of me and made sure I did everything I was supposed to. He tried hard to keep me out of jail."*- **Court Mandated 4**

- **The SNP helped clients move in a positive direction**

> *"He saved me when I needed to be save"* – **Client 9**

> *"He kept me out of jail and showed me a methadone clinic because I didn't know what to do. It helped that he took me and showed me and the people at the clinic were great. I was able to stay clean for a year and three months and I'm not doing fentanyl anymore"*- **Client 8**

> *"He helped me get into a place when I was stranded. I was living in a tent and Pat helped me find a place…I'm doing great. I'm in a place now that I like. I'm*

*happy to be in a place and not camping outside, especially during winter" –**Client 11***

*"He walked me over to this program because I was sitting on a bench sad, because my place caught fire so he took me here. Now I am getting help here" – **Client 14***

*"I still ended up in jail but I know that was my fault. But really, he helped me with my doctor by telling him the truth about me. I was not telling my doctor the truth and Pat did it for me which is good because I probably wouldn't have done it. It has improved my relationship with the doc and now I get better care. Pat helped me do the right thing…I also like that he drives me" –**Court Mandated 1***

*"I stay connected to my services like CMHA because usually I'll say I'll come and I don't. Him being on top of it made me meet CMHA"- **Court Mandated 3***

Lastly, clients were asked where they think they would be right now if the SNP hadn't been around to help. The most common responses were "*dead*", "*on the street*", or "*in jail*". One client said "*if it weren't for the fact that I was already dealing with Pat before I got arrested I would have been in jail*". Another client said they would "*probably still be in shelter…wouldn't have the same freedom and would probably be in trouble with the law*". Based on the survey responses it is clear that the social navigator has an approach that is effective and provides hope for many clients. *"If you wanna get off the streets or have any problems, call Pat. I brag about Pat to people, I even seen him in the paper. He's a good guy, very helpful. Even though I'm not in the program anymore he still checks up on me. He is always rolling down his window and asks if I need anything. If he hasn't seen me in a while he would always check in. I have no family, no nothing, except me, myself, and I and him".*

Community Services Feedback

ACTION Team Survey

A survey was given to 27 ACTION Officers to help identify areas of improvement and to see if Officers feel they benefit from the program. Ninety six percent of officers believe the SNP is valuable and all other survey details can be found below.

ACTION SURVEY	Agree	Somewhat agree	Neither agree nor disagree	Somewhat Disagree	Disagree	N/A
I understand the purpose of the Social Navigator Program (SNP)	81%	19%				
I feel that the SNP is valuable	66%	30%		4%		
I understand my role with regards to the SNP	52%	44%	4%			
I would like to know who is participating in the program	44%	30%	22%		4%	
I have referred people to the program	82%				7%	11%
I feel that the SNP provides timely follow-up with my referrals	31%	19%	35%			15%
If I were to refer a client I would like the SNP to follow-up with me on the client's status	52%				37%	11%

I think follow-up should be done by:

☐ email   63%   ☐ phone 0   ☐ during parade 26%   ☐ N/A 11%

Community Feedback Regarding the Social Navigator Program 2014

Survey participants were selected based on who had interactions with the Paramedic Social Navigator. Twenty seven individuals representing 16 community programs provided feedback.

- ➤ 92.60% believed the SNP is valuable
- ➤ 81.48% believed the SNP plays an important role in referring clients
- ➤ 85.18% believed the SNP plays an important role in the circle of care
- ➤ 61.54% said the SNP improves their ability to stay connected to clients
- ➤ 66.67% a paramedic is a good social navigator

	Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree	Total Responses
I feel the Social Navigator Program (SNP) is valuable	66.67% (18)	25.93% (7)	3.70% (1)	3.70% (1)	0%	27
I feel the SNP plays an important role in referring clients	40.74% (11)	40.74% (11)	11.11% (3)	7.41% (2)	0%	27
I feel the SNP plays an important role in the circle of care	51.85% (14)	33.33% (9)	11.11% (3)	3.70% (1)	0%	27
I feel the SNP has improved my ability to stay connected with my client	23.08% (6)	38.46% (10)	26.92% (7)	11.54% (3)	0%	26
I feel the SNP makes appropriate referrals to our agency	29.63% (8)	51.85% (14)	18.52% (5)	0%	0%	27
I feel the SNP acts in the best interested of our clients	48.15% (13)	33.33% (9)	14.81% (4)	3.70% (1)	0%	27
I feel the Social Navigator has a good reputation in the community	51.85% (14)	25.93% (7)	14.81% (4)	7.41% (2)	0%	27
I feel a paramedic is a good social navigator	40.74% (11)	25.93% (7)	29.63% (8)	0%	3.70% (1)	27
I feel a social worker would be better suited in the role of a social navigator for the target population	22.22% (6)	25.93% (7)	44.44% (12)	3.70% (1)	3.70% (1)	27
Our organization feels comfortable contacting the SNP	65.38% (17)	19.23% (5)	15.38% (4)	0%	0%	26
Our organization is satisfied with our relationship with the SNP	59.26% (16)	22.22% (6)	7.41% (2)	11.11% (3)	0%	27

Three open ended questions were asked to survey participants. Responses can be found below.

Do you have any concerns about the Social Navigator Program?

No, they have been a tremendous help to our clients.- *Family Counseling Centre of Brant/HBBS*

None. SNP has been very helpful in accessing hard-to-serve clients. Particularly for programs such as ours where outreach options are somewhat limited.- *Alternative for Youth*

Our current SNP utilizes the skills of a person that has both Social Work and paramedic background - which allows the clients to benefit from medical and social service models of support- *St. Joseph's Healthcare Hamilton, Men's Addiction Service Hamilton*

More workers would most definitely be an asset.- *Mission Services, Men's Residence*

I work very well with team- C*entre de santé communautaire Hamilton/Niagara*

I have only worked with Mr. 0'Neill with one patient - I did not know what this program was really about until he contacted me. Mr. O'Neill has been terrific.- *St. Joseph's Healthcare Hamilton - Mood Disorders Clinic*

We used to communicate on the phone and in person several times a week but I rarely speak/see SNP now, little to no referrals , seems to be only information sharing once and a while at this point.- *Salvation Army Booth Centre*

The Program is fantastic, struggle slightly with the Paramedic Role as the Navigator - strongly believe a Social Worker who understands the system would be better off doing the referrals- *Anonymous 2*

Yes, the one concern I have is when the navigator decides to take on a client who is already connected to a program and MAKE the client court mandated. This process has affected my relationship and trust already in place with the client and has set the client back. It's frustrating. – *Anonymous 1*

The way that the program has turned in to a court ordered program seems to take away from the idea of patient centred and uses a punitive approach. Not a fan!- *McMaster Family Practice*

Follow up would be beneficial Re-referral barriers unless client is again meeting criteria- *Wesley Urban Ministries 1*

Doesn't always take the clients goals into consideration. Can be pushy- *Anonymous 3*

At times, SNP direction is not client-centered, which is our agency focus-*CMHA Hamilton*

Do you have any suggestions for improvement?

That the team eventually expands to be able to support more individuals. They are an amazing asset for our program and an awesome support to the individuals we serve. The time and energy they dedicate to high needs individuals is outstanding. They are very knowledgeable of community supports and make excellent referrals.- *Family Counseling Centre of Brant/HBBS*

The medical component of SNP is one of the aspects that makes this program unique. Medical service, without the constraints of traditional medical-model services. A background in Social Work is helpful to understand client needs and engagement, but this medical training is a wonderfully unique aspect of the SNP. When working with youth who have higher levels of street-involvement, this availability of medical assessment is valued.- *Alternatives for Youth*

Expand the program - so more SN available in the community and providing links for clients within the whole continuum of care. The SNP is so busy that my team, jails, shelters cannot refer their clients to SNP due to tremendous case load carried by one SN.- *St. Joseph's Healthcare Hamilton, Men's Addiction Service Hamilton*

Building awareness among the target population would be a great improvement.- *Mission Services, Men's Residence*

If a client is found and asked if they are working with a program then the SNP can work with the client and program to better support the client, forcing 'someone' to do 'something' does not have a positive outcome. Work together with the program to locate, assist, support, and move clients along.- *Anonymous 1*

It would be good to meet with members of the program and discuss what each of us does and how we fit in the overall picture - *Transitional Outpatient Program of the Schizophrenia and Community Integration Service - St Joseph's Healthcare Hamilton*

The skill set of someone working with a street involved population isn't necessarily paramedic or SW or nurse but some combination of skill set that would incorporate a combination of some of each of those skill sets....maybe even Social Service Worker.- *McMaster Family Practice*

Having the Navigator understand referrals, and how treatment for addictions works better once the client is actively involved not mandated to go.- *Anonymous 2*

Going back to more collaboration and communication- *Salvation Army Booth Centre*

Maintenance check ins- *Wesley Urban Ministries 1*

Be less directive of and work with clients- *Anonymous 3*

I feel like a both a paramedic and social worker would be better to work as a team. One or the other is good but together is much better.- *Wesley Urban Ministries 2*

More exposure to community agencies so they are aware of program and how it can help them.- *City of Hamilton*

Additional Thoughts

The SNP has been a great resource for staff to use with assisting client's getting connected. I have also seen a dramatic increase in some clients overall health after being connected to the programs. I think the current worker (Pat) is amazing and works well with the clients in a friendly manner however is very direct and honest. I would like to see the program receive more awareness building opportunities and a larger team. Having a paramedic as the primary staff engagement provides a less authoritative approach which I think is more comforting for clients.- *Mission Services, Men's Residence*

The SNP has had some excellent results. It is a program well worth keeping- *Wesley Urban Ministries 3*

Having a paramedic social worker works well with clientele as there isn't that intimidation they may feel with an officer- paramedics portray a helping role and i think this shows with how clients respond to Pat.- *City of Hamilton*

Thank you for your work.- *St. Joseph's Healthcare Hamilton, Men's Addiction Service Hamilton*

In the role of SN I would hope that the approach with community partners is collaborative, cooperative team approach – *McMaster Family Practice*

I like the fact that I can call the SNP and ask about a client and information is provided and if the SN finds my clients he will call and make me aware of their location. I like that partnership, it has been very helpful – *Anonymous 1*

I value the SNP program, and I want to thank Mr. O'Neill for his hard work and support with this program.- *CMHA Hamilton*

Organizations which provided feedback

Hamilton Housing Help Centre,   Transitional Outpatient Program of the Schizophrenia and Community Integration Service - St Joseph's Healthcare Hamilton,   Street Outreach,   Canadian Mental Health Association,   Womankind Addiction Service St Joseph Healthcare Hamilton,   McMaster Family Practice, St. Joseph's Healthcare Hamilton - Mood Disorders Clinic,   Salvation Army Booth Centre, Mission Services,   The Good Shepherd Centres, St. Joseph's Healthcare Hamilton- Men's Addiction Service Hamilton,   Centre de santé communautaire Hamilton/Niagara,   Wesley Urban Ministries,   City Of Hamilton,   Alternatives for Youth,   Family Counselling Centre of Brant/HBBS, Brain Injury Services Hamilton

Future Evaluation

Other analyses are currently being conducted to evaluate changes in police interaction for clients referred to the SNP in 2014. Additionally, a client profile is being developed to gain a better understanding of the proportion of clients with mental illness, alcohol and drug dependencies, living arrangements, insight, and other factors.

CONCLUSION

The program now has two years of data for evaluation and some navigated clients have been out of the program for over a year allowing for enhanced reviews. All studies have consistently shown that the program is successful in reducing negative police contact as well as a reduction in officers responding to mental health calls. Clients have also expressed the program has helped them move in a positive direction and they benefit from the assertive approach used by the navigator. With consistent success outcomes and positive feedback from clients, officers, and community professionals, it is evident that the SNP is a valuable program in the City of Hamilton. The SNP is a mechanism that helps bridge gaps between clients and services as well as the service providers and the Police Service. By building relationship and stronger partnerships the City of Hamilton will have a greater capacity to address client issues in a holistic and efficient manner.

In 2013, the Social Navigator Program received the International Chiefs of Police CISCO Award for best community policing program. The ACTION Strategy was also the recipient of the 2014 Webber Seavey Award which is presented annually to agencies worldwide in recognition for promoting a standard of excellent that exemplifies law enforcement's contribution and dedication to the quality of life in local communities. Submissions are judged according to the following goals: development of creative and innovative approaches that promote quality and excellent in law enforcement, continual improvement of service to the community, strengthening police relations and promotion of community participants, effective use of resources, and enhancement of communications within and cooperation among agencies.