HAMILTON POLICE SERVICES BOARD

- INFORMATION –

DATE: 2018 May 10

REPORT TO: Chair and Members
Hamilton Police Services Board

FROM: Eric Girt
Chief of Police

SUBJECT: ***Crisis Response Unit – 2017 Year-End Report***
PSB 18-065

BACKGROUND:

The Hamilton Police Service, in collaboration with St. Joseph's Healthcare, piloted and developed programs to create a coordinated strategy to assist vulnerable individuals and persons experiencing a mental health crisis. Meaningful, effective partnerships have allowed the Police Service and our partners to effectively assist individuals with mental health concerns in a timely manner.

The Crisis Response Unit combines Police Officers, Paramedics and Mental Health workers responding to 9-1-1 first responses and secondary responses to persons experiencing a mental health crisis in the City of Hamilton. The program has proven to dramatically decrease the number of persons being brought to hospital emergency departments by police officers and provides persons in crisis the right response at the right time. Implementation of these programs has led to reduced wait times in hospital emergency departments, substantially lower apprehension rates, more consistent care for clients, and less reliance on the judicial system. These deliverables result in financial savings to both the police service and the health care facilities.

The attached report will highlight the three (3) combined teams which make up the Crisis Response Unit and their associated outcomes and successes.

Eric Girt
Chief of Police

EG/G. Huss
Attachment: *Crisis Response Unit Annual Report - 2017*

cc: Frank Bergen, Deputy Chief – Support
Greg Huss, Superintendent – Community Mobilization Division

Hamilton Police Service

Crisis Response Unit
Community Mobilization Division
2017 Annual Report

Submitted by
A/Sergeant Steve Holmes

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Executive Summary

The Hamilton Police Service, in collaboration with St. Joseph's Healthcare, has piloted and developed programs to assist vulnerable individuals and persons experiencing a mental health crisis. Meaningful partnerships have allowed the Police Service 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 Unit (CRU) by combining the following three programs:

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

The Crisis Response Unit 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 Unit combines Police Officers, Paramedics and Mental Health Workers. The unit responds to persons experiencing immediate and secondary mental health crisis in 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, more consistent care for clients, and less reliance on the Judicial System. These deliverables result in financial savings to both the Police Service and Health Care Facilities.

The creation of the MCRRT/ COAST/ SNP as a coordinated unit is unique. 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.

This report will highlight the three combined teams which make up the Crisis Response Unit and their associated outcomes and successes.

Mobile Crisis Rapid Response Teams (MCRRT)

MCRRT began as a pilot project from November 2013 to April 2015. The Local Health Integration Network (LHIN) provided funding for five Mental Health Clinicians 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 12, 2015, a full time MCRRT response was officially launched and now operates with two teams per day consisting of a Mental Health Clinician and a Crisis Intervention Trained (CIT) uniformed police officer. Currently there are four full-time Mental Health Clinicians and five full-time police officers dedicated to the program. The first team provides coverage from 10:00 am to 10:00 pm and the second team provides overlap and coverage between 1:00 pm and 1:00 am. Staffing for the police officers was approved by the Hamilton Police Service Board through the 2015 budget, and funding for the Mental Health Workers is provided by St Joseph's Healthcare and the LHIN.

Between January 1, 2017 and December 31, 2017, MCRRT was mobile for 365 days and responded to 3,076 individuals in crisis. Of the 3,076 individuals seen, 650 were brought to hospital. Of the 650, 372 were apprehended under Section 17 of the Mental Health Act for assessment at hospital and 130 individuals were apprehended on the strength of Mental Health Act Forms.

Prior to the deployment of MCRRT, the apprehension rate with two uniformed officers was 75.4%. With the MCRRT response, the rate of apprehension is 12% (average). The reduction in apprehension rates by the MCRRT teams is a direct result of better training and having qualified personnel make informed decisions about the nature of the incident and client assessment at first response. The persons most in need are being taken to hospital for assessment at the right time, while those who require treatment in the community are not admitted to hospital.

Historically, uniformed officers with clients spent an average of 80 minutes in Hospital Emergency Departments waiting for care. With the MCRRT response, police officers and clients now spend an average of 60 minutes in hospital waiting for care.

Upon review of the data from January 1, 2017, to December 31, 2017, and using a 75.4% apprehension rate with an average 80 minute wait time, it can be estimated that 2,319 of the 3,076 individuals seen would have been taken to hospital by patrol officers if the MCRRT response was not available. Police officers would have spent approximately 6,184 hours in hospital Emergency Departments. Using the MCRRT response with the improved 60 minute wait time and lower apprehension rate, the combined savings for the one year period are dramatic. The MCRRT response showed a saving of approximately 5,812 hours of police officer time associated with and compared to the historic two officer response. The savings in hours equates to approximately two full time police officer positions.

The new 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, but most importantly, it provides a better quality care to persons in crisis in a timely manner.

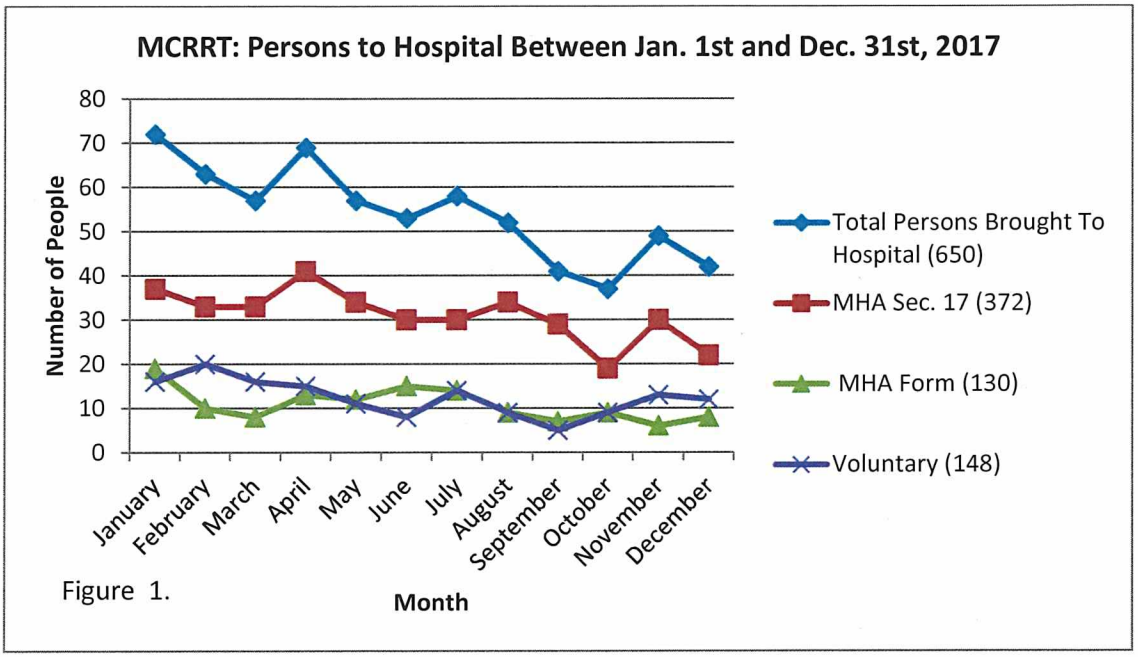

Figure 1.

Crisis Outreach and Support Team (COAST)

The partnership between the Hamilton Police Service and St. Joseph's Health Care was established in 1997 with the introduction of the COAST program, which was a direct result of the Zachary Antidormi Inquest. COAST is designed to enable individuals in mental health crisis, who lack necessary supports, to remain within their own environment by providing a range of accessible social services that include outreach assessments, supports and interventions.

COAST provides a 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 four full time police officers and a compliment of Mental Health Clinicians working together to attend to the needs of Persons in Crisis. The team conducts scheduled mobile visits to clients in need. COAST operates 7 days a week with police officers working either 8:00 am to 8:00 pm or 12:00 pm to 12:00 am. After-hours support is provided by the 24 hour telephone crisis line.

Between January 1 and December 31, 2017, COAST conducted 2,410 mobile visits. A primary goal of COAST is to provide care to persons in crisis in their own environment. Despite this, COAST still spent 163 hours in hospital between January and December 2017.

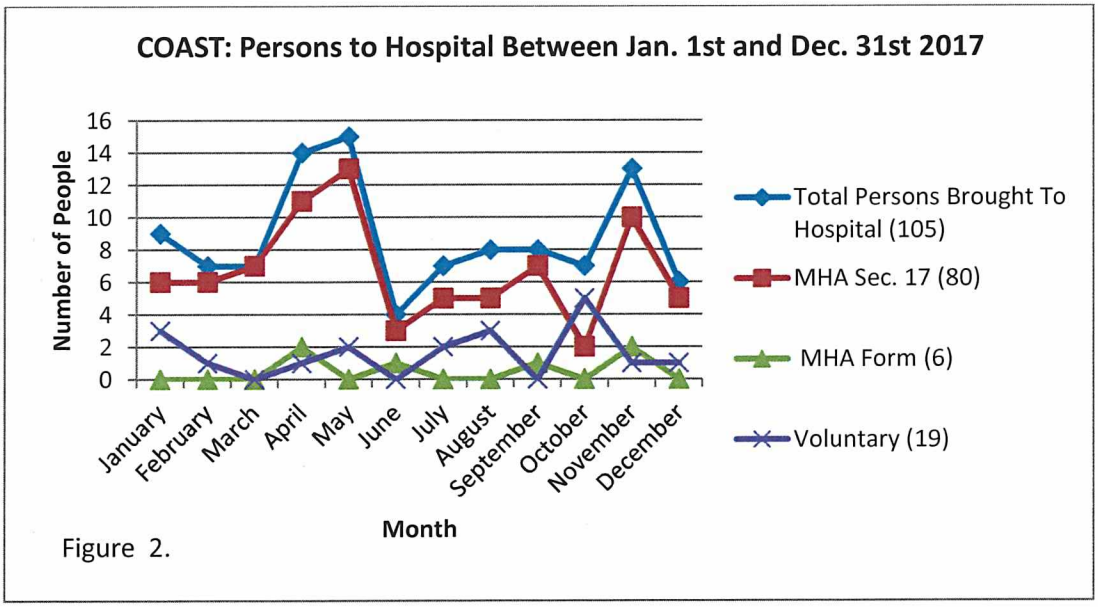

Figure 2.

Social Navigator Program (SNP)

In July 2011, Hamilton Police Service partnered with the City of Hamilton Neighborhood 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 repositioned within the Division and a full time HPS Coordinator was implemented.

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 skillsets, 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 centre.

Outcomes for 2017

In 2017, 244 people were referred to the SNP. Referrals came from several sources:

- 33.6% from community partners
- 23.7% from ACTION
- 19.3% from Division One Patrol
- 9.8% from SNP
- 9% from EMS
- 3.3% from Division Three Patrol
- 0.8% from MCRRT
- 0.4% from Division Two Patrol

Community partner referrals came from several sectors – justice system providers, social services, hospitals, healthcare providers and local businesses.

From the referrals, the SNP had 96 active clients in 2017, which was an increase from 93 clients in 2016. Of the 96 active clients only 9.4% (9) were clients that had past SNP involvement. The remaining clients were all new to the program. Of the 96 clients, 25 were court mandated.

The SNP made 203 client referrals for various services (Figure 3). There are seven standard categories that SNP refers to as well as "other" services that don't fit in the traditional classifications. Other services/referrals compose 33.5% of all referrals. These include less common referrals and tasks such as medical appointments, assisting with court matters, etc. The remaining referrals were for mental health (20.2%), housing and shelter (20.2%), detox and treatment (10.3%), primary care (7.9%), income support (4.4%), and employment support (3.4%).

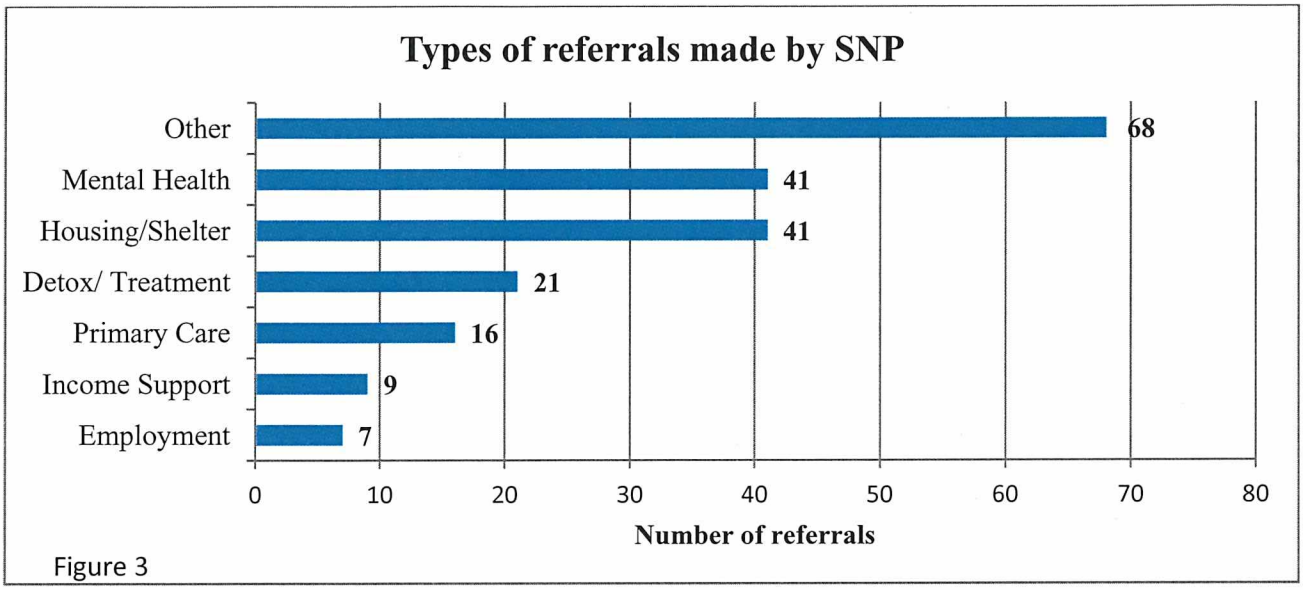

Figure 3

SNP Trends

Table 1 summarizes trends since implementation

	July 2011- 2012 (1.5yrs)	2013	2014	2015	2016	2017
Number of referrals	unknown	91	108	148	208	244
Number of active clients	74	46	52	81	93	97
Number of new court mandated clients	3	8	8	13	17	12
Number of court mandated clients	3	10	13	15	27	25
Repeat clients	unknown	unknown	25% (13)	11% (9)	14% (13)	9.4% (9)
Number of clients already connected (no intervention required)	U/K	28	26	10	25	21
Number of clients that declined service	U/K	11	14	13	10	22
Number of referrals made by SNP	unknown	142	111	156	231	203

Key Differences Between Programs

Table 2 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	• 10:00 am - 1:00 am • 7 days/week	• 24 hour crisis line • Officers work between 8:00 am and 12:00 am • 7 days/week for mobile visits	• 8:00 am - 4:00 pm • Monday to Friday
Key Services Offered	• Respond to urgent 911 calls • Respond to actively suicidal individuals • May assist Officers who are on a person in crisis call • May relieve uniformed Officers from hospital	• Support persons in crisis through telephone support or mobile visits • Client receives support, follow-up, and referrals within 24 hours	• Support clients who struggle with mental health, addiction, homelessness, and poverty (provides case management)
Focus	• People experiencing immediate/urgent crisis	• People experiencing non-urgent mental health crisis	• People who have high police involvement and individuals that fall through the cracks
What Teams Do Not Do	• Does not act in the role of crisis negotiator • Does not offer follow up or case management • Does not actively look for missing "PIC" or persons placed on a "MHA form" when their location is unknown	• Does not respond to 911 • Does not respond to barricaded situations • Does not respond to calls involving weapons • Does not respond to calls involving actively suicidal persons • Does not execute mental health related forms	• Is not dispatched to 911 • calls • Does not conduct mental health assessments

Conclusion

The Crisis Response Unit 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.

Moving forward, the members of the Crisis Response Unit strive to educate members of the Community and their own members on the merits of the three combined programs. Education will create an awareness of Mental Health issues and assist in reducing the stigma of those afflicted by Mental Health afflictions.