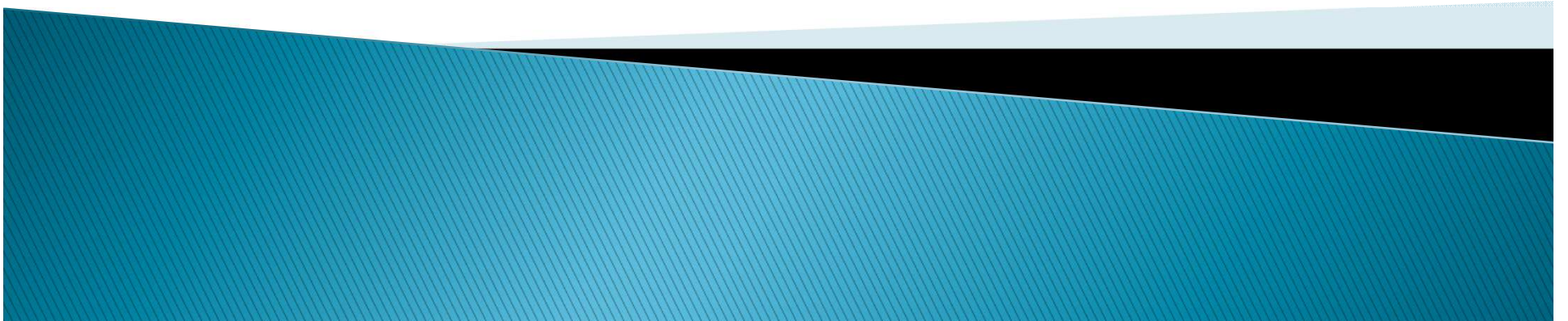




Hamilton Police Service



Crisis Response Unit

The right response with the right people at the right time



Non criminal

- Vulnerable persons,
- homeless,
- addictions,
- poverty
- mental health
- Paramedic / officer / co-ordinator



Crisis Outreach And Support Team

Non-Urgent

- Follow-up by plainclothes officer and nurse / social worker



Immediate response to life-threatening mental health call by uniform police officer and mental health care worker.



Social Navigator Program



Extensive Use of
Emergency Services

Numerous Arrests

Identify Repeat
Clients

Social Navigator
Program



Social Navigator Program



- ▶ Created in July 2011
- ▶ HPS partnered with:
 - City of Hamilton Neighborhood Renewal
 - City of Hamilton Economic Development
 - Hamilton Emergency Medical Services



SNP: Objectives

- ▶ To improve the quality of life of clients by addressing root causes of crime (social determinants of health)
- ▶ Connect and support individuals through a referral process, by engaging all social and healthcare agencies in the City of Hamilton
- ▶ Reduce reliance on the judicial and healthcare system by navigating our clients towards the appropriate agency while improving the health, safety, and quality of life for all citizens





SNP: Team Roles



- ▶ **Paramedic (*Health Care*)**
 - Mobile and visible in the community
 - Medical knowledge
 - Positive public perception



- ▶ **SNP Officer (*Justice System*)**
 - Knowledge of the criminal justice system
 - Focus on public safety especially when dealing with court mandated clients
 - Goes with the team for individuals with a history of violence



- ▶ **Program Coordinator (*Community Social Services*)**
 - Coordination, organization, client follow-up and administration (0800 – 1600 hrs)



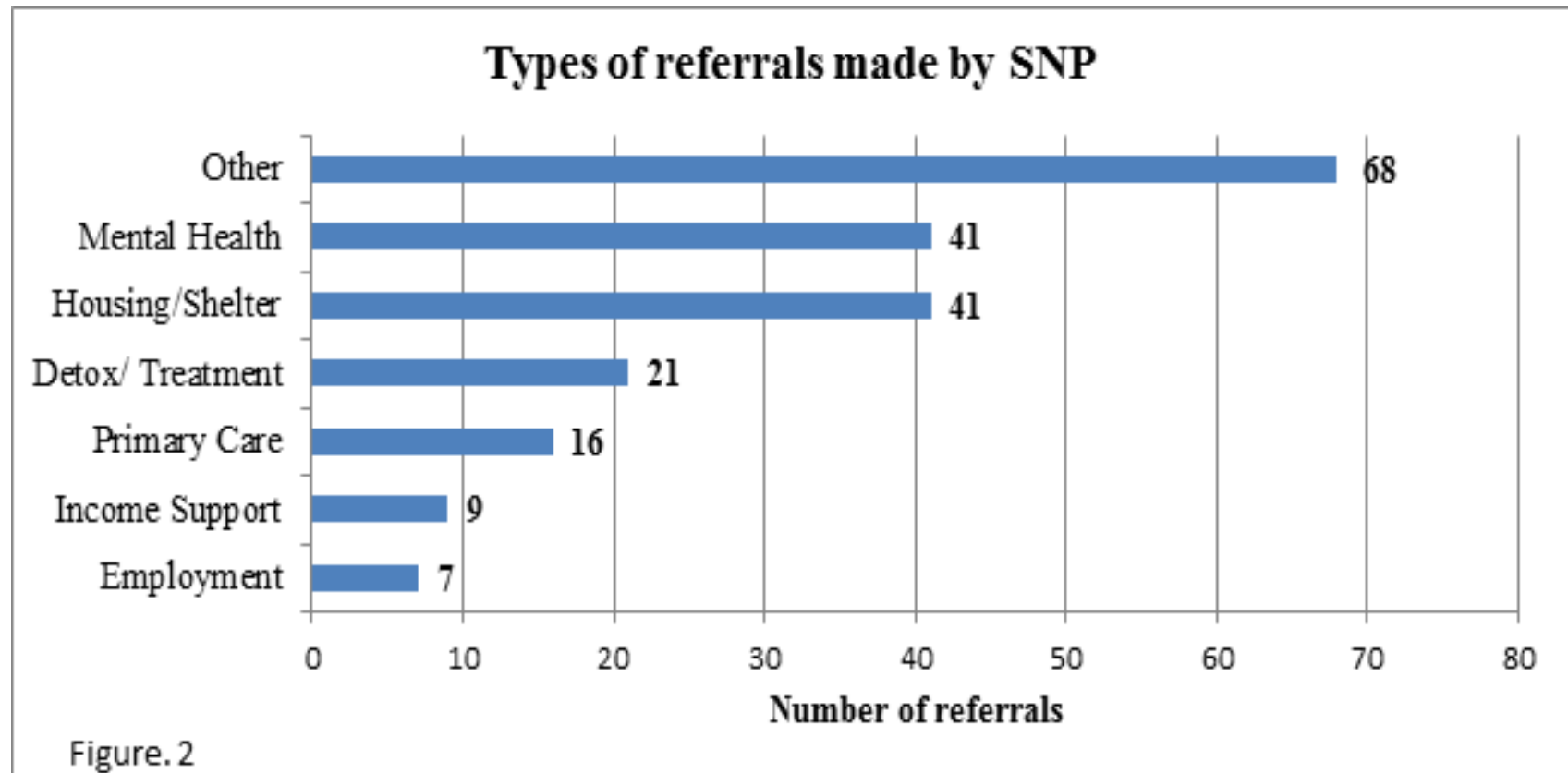


SNP: Metrics

	2011-2012	2013	2014	2015	2016	2017	2018	2019
Referrals	N/A	91	108	148	208	244	264	283
Active Clients	74	46	52	81	93	97	112	105
New Court Mandated Clients	3	8	8	13	17	12	12	11
Court Mandated Clients	3	10	13	15	27	25	22	14
Repeat Clients	N/A	N/A	25% (13)	11% (9)	14% (13)	9.4% (9)	7% (8)	1% (1)
Referrals by SNP	N/A	142	111	156	231	203	208	241
Additional Contacts	N/A	N/A	N/A	N/A	N/A	161	200	301



SNP: Metrics





Born out of Tragedy



Zachary Antidormi

- murdered by a woman with schizophrenia

Mary Popovich

- homeless woman who suffered from mental illness

1997 – Coroners Inquest Recommendation

- provide alternate service to persons in mental health crisis
- no longer going to ER or a 911 response





How it Works

- ▶ 1 Mobile team –0800 to 2000 hrs every day
- ▶ 24/7 Crisis Line
- ▶ Teams respond to crisis calls in a priority manner
- ▶ Multidisciplinary team consisting of nurses, social workers, occupational therapists, crisis triage workers and 4 seconded plainclothes police officers
- ▶ Serves persons of **ALL AGES**
- ▶ Goes to the client





How it Works

- ▶ Risk assessment and a mental health exam
- ▶ Defuse the crisis while the client remains in the community
- ▶ Make referrals to additional community agencies/supports
- ▶ If the situation cannot be safely managed within the community, COAST will assist the client to hospital for further assessment and treatment



COAST

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



- October 2019: COAST Teams reduced from two to one team.
- Increase number of daily MCRRT teams to three



- SJHH piloting co-response model.
- Utilizes 2 trained mental health workers
- Attend clients where police response not required (low-risk)



- Approximately 1,779 mobile visits
- 42 persons in crisis apprehended
- Approximately 34,176 phone calls in 2019

Crisis Intervention Training – since 2006



Training:

- 40-hour mental health training program for Police Officers and Communications Staff.
- 3 sessions per calendar year

Focus:

- De-escalation
- Community Resources
- Course provided by mental health professionals, family members and those with lived experience

Advantages:

- CIT acts as relief for COAST and MCRRT



Crisis Response Unit – The Challenge and Evolution

► Reduce:

- Apprehension rates
(historical 75% average)
- Rates of psychiatric emergency services assessments
- Police wait times in the ER
(historical 80 minutes X 2 officers)



► Improve:

- Health care, client experience, and be more cost efficient
- De-escalation of potentially volatile calls for service



Crisis Response Unit – The Challenge and Evolution

Reduced hospital wait time
by an average of 60
minutes

Hamilton Police Service **POLICE OBSERVATION FORM**
Transfer of Care

The purpose of this form is to guide officers and hospital staff in determining the risk when the officer prepares to leave the hospital. This form is to be completed by the officer 30 MINUTES after the PIC is brought to St. Joseph's Emergency Department and is based on observations written in the ERL. The completed form is to be discussed with nursing staff to determine whether the officers will be able to leave.

NOTE: PIC FORM IS ALSO TO BE COMPLETED

INCIDENT NUMBER	DATE Y Y M M D D	TIME OBSERVATION STARTED
PIC NAME (SURNAME GIVEN GIVEN2)	DOB Y Y M M D D	
DURING THE OBSERVATION PERIOD, WAS THE PIC UNCOOPERATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICAL BEHAVIOURS	<input type="checkbox"/> Rapid/Abrupt Movements <input type="checkbox"/> Increased Muscle Tension <input type="checkbox"/> Intense Eye Contact <input type="checkbox"/> Pacing <input type="checkbox"/> Threatening Gestures <input type="checkbox"/> Damaging Property <input type="checkbox"/> Assaultive <input type="checkbox"/> Intimidating Postures	OBSERVED <input type="checkbox"/> YES <input type="checkbox"/> NO
VERBAL EXPRESSION	<input type="checkbox"/> Swearing <input type="checkbox"/> Paranoic <input type="checkbox"/> Talking Excessively <input type="checkbox"/> Talking Loudly <input type="checkbox"/> Refuses to Communicate <input type="checkbox"/> Other _____ <input type="checkbox"/> Threatening - IF YES: <input type="checkbox"/> Direct <input type="checkbox"/> Conditional <input type="checkbox"/> Vague	OBSERVED <input type="checkbox"/> YES <input type="checkbox"/> NO
HISTORY		
Does the officer have knowledge of any history (past/present) of any violent, threatening, or impulsive behaviour (CPIC/RMS)? Describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the officer have knowledge of any history of the PIC walking away from the hospital or mental health facilities, e.g. Form 9? Describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the officer have knowledge of the PIC recently using drugs or alcohol? Describe:		<input type="checkbox"/> YES <input type="checkbox"/> NO
DISPOSITION		
HIGH RISK <input type="checkbox"/>	Many verbal and physical indicators are demonstrated in the 30 minute observation period. PIC is not cooperative. Has a history of violence or of absconding from institutions. Recent substance abuse.	
MODERATE RISK <input type="checkbox"/>	Some verbal and physical indicators are demonstrated in the 30 minute observation period. PIC is cooperative some of the time. May have a history of violence or absconding from institutions. May have had recent substance abuse.	
LOW RISK <input type="checkbox"/>	No indicators are checked off - PIC is docile and cooperative during the 30 minute observation period. No history of violence or absconding. No recent substance abuse.	
Descriptors are GUIDELINES ONLY		
OFFICER LEFT PIC AT FACILITY: <input type="checkbox"/> YES - Time Officer left: <input type="checkbox"/> NO - Officer remained with PIC for the following reasons:		
ADDITIONAL COMMENTS OR OBSERVATIONS		
The below signatures indicate agreement with the behaviours observed and the disposition checked:		
Hospital Staff: _____		Time: _____
Police Officer: _____		Badge Number: _____ Time: _____
Police Returned to Facility: Time: _____ Reason: _____		
13/08 MAY/13 WHITE - OFFICER (RMS) YELLOW COPY - HOSPITAL		



Mobile Crisis Rapid Response Team

- ▶ Life threatening mental health call – to the client or a member of the public
- ▶ First Responder: pairs mental health professional with uniformed officer for a 911 response
- ▶ Funding: HNHB LHIN and Hamilton Police Service
- ▶ Pilot: November 2013, Division 1 – only
- ▶ One team Monday to Friday – 1000hrs – 2200hrs
- ▶ Initial 2013 Outcomes: **228 calls in 16 weeks**

St. Joseph's
Healthcare  Hamilton





Mobile Crisis Rapid Response Team

St. Joseph's
Healthcare  Hamilton



- ▶ Full-Time Unit Began April 2015
- ▶ 3 teams city wide X 7 days a week – 1000 hrs – 0100 hrs
- ▶ 6 – Uniform CIT trained officers
- ▶ 6 – seconded mental health professionals
- ▶ 1 Police Supervisor
- ▶ Hamilton MCRRT Program has become the Standard Model across the LHIN



What's new for the Crisis Response Unit?



- ▶ MCRRT:
 - ▶ continues to expand through to other police services across Ontario
 - ▶ highlighted in CBC documentary “Keeping Canada Safe”
 - ▶ Highlighted in 2015 RCMP Gazette & 2017 IACP Police Chief Magazine
 - ▶ Hamilton MCRRT Program remains the Standard Model across Ontario
- ▶ New combination “PIC/OBS Form” introduced for bringing persons in crisis to hospital. Electronic format to follow in 2018.
- ▶ COAST implements new mobile day-shift unit: **C91**
- ▶ The Crisis Response Unit presents at the C.I.T International Conference in Ft. Lauderdale Florida.
- ▶ CRU enters into a partnership with the Barrett Centre. CRU crisis beds created with funds successfully awarded through the “Proceeds of Crime Grant”.



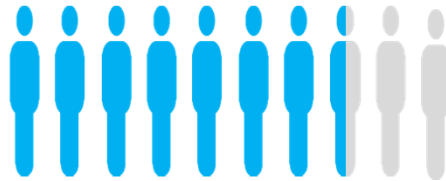
**Mental
Health and
Addictions**

Mobile Crisis Rapid Response

HOSPITAL APPREHENSION RATE

Historical Uniform
Apprehension Rate

75.4%



5 year avg. MCRRT
Apprehension Rate

17.2%



- 5 year average respond to **2,691** "Person(s) in Crisis" per year
- Average of **5,079** hours of police officer time saved per year based on past 5 years (equates to 2 full time officer positions)



Crisis Response Unit

Persons In Crisis Unit – SNP, COAST & MCRRT

Full response along a continuum of client needs –



Non-criminal – Vulnerable persons, homeless, addictions, poverty, mental health – Paramedic / Officer / Co-ordinator



Non-urgent – follow up by plainclothes Officer and nurse / social worker



Immediate response to life-threatening mental health call by uniform police officer and mental health worker

Questions and Discussion

