



**CITY OF HAMILTON**  
**HEALTHY AND SAFE COMMUNITIES DEPARTMENT**  
**Children's and Community Services Division**

<b>TO:</b>	Emergency and Community Services Committees
<b>COMMITTEE DATE:</b>	November 21, 2024
<b>SUBJECT/REPORT NO:</b>	Community Safety and Well-Being: Toronto Community Crisis Centre and Hamilton's Mental Health Crisis Response (HSC24040) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
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<b>SIGNATURE:</b>	<i>BBax</i>

### RECOMMENDATIONS

- (a) That City staff participate in and support the next phase of the Mental Health Secretariat work being led by the Greater Hamilton Health Network (GHHN) to identify opportunities for improved coordination and integration of mental health services and supports in Hamilton and that an update on this work and recommendations for next steps be included in the annual GHHN reporting to Council through the Board of Public Health.
- (b) That the Mayor and Members of Council and City staff continue to work with community stakeholders, municipal partners and elected officials to advocate to various levels of government for sustained funding to support expansion of mental health and addictions services and supports, and improved coordination and integration of provincially funded mental health services.

### EXECUTIVE SUMMARY

In May 2024, the Community Safety and Well-Being (CSWB) Plan Annual Report (HSC24015) was presented to Emergency and Community Services Committee and a motion directing staff to report back on the feasibility of implementing a similar service to Toronto's Community Crisis Service (TCCS) in Hamilton was approved.

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The TCCS was established in Toronto to provide immediate, non-police-led support for individuals in crisis. Launched in 2021, it has expanded citywide, responding to rising mental health-related calls and promoting well-being through compassionate, culturally sensitive services. The TCCS operates under a "no wrong door" principle, allowing individuals to access help through multiple channels, including 911 and 211. During its pilot phase, it achieved a diversion rate of 78%, resolving many calls through the intervention of mental health responders that would have otherwise involved police.

Following consultations with Toronto, staff met with partners leading Hamilton's crisis response programs and services. Key programs include the Crisis Outreach and Support Team (COAST), the Mobile Crisis Rapid Response Team (MCRRT), Rapid Intervention Support Team (RIST) and Barret Centre. These crisis response programs and many other organizations in the community provide valuable services and supports however the lack of a coordinated system leads to fragmented service delivery and high demand that often exceeds available resources.

The report identifies gaps in Hamilton's mental health crisis response, noting that while many individuals are served, access through improved coordination would support improved outcomes for individuals in crisis. To effectively enhance the existing system in Hamilton, staff recommend the City's participation in and support of the Greater Hamilton Health Network's efforts to better integrate and coordinate existing services and supports. As demand continues to rise, continued advocacy for adequate funding for mental health services is required.

In conclusion, while Hamilton has robust crisis response programs, there is a critical need for enhanced coordination and integration to better serve individuals in mental health crises. A well-structured, Hamilton-specific approach could transform mental health services in our City, ensuring better use of scarce resources, and timely and effective support for those in need. This type of holistic system transformation would require new, dedicated resources for planning as well as the implementation phase.

### **Alternatives for Consideration – See Page 10**

### **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: Not applicable

Staffing: Not applicable

Legal: Not applicable

## **HISTORICAL BACKGROUND**

In May 2024, staff presented the Community Safety and Well-Being Plan Annual Report (HSC24015) at which time a motion for staff to report back on the feasibility of implementing a service like the Toronto Community Crisis Service (TCCS) model was put forward. One of the community-identified priorities within Hamilton's Community Safety and Well-Being Plan is mental health and stigma reduction, targeting a decrease in hospitalizations due to mental health issues. Staff have since consulted with the City of Toronto and local mental health crisis response partners to understand whether and how a similar model could be implemented in Hamilton.

### **Toronto Community Crisis Service (TCCS)**

The Toronto Community Crisis Service was established to meet the rising demand for mental health support, particularly as police data showed increasing mental health-related calls. The goal of the initiative is to provide non-police led, immediate support and intervention for individuals in crisis, promoting mental health and well-being through compassionate and culturally responsive services. It took approximately one and a half years to develop the model in Toronto, through extensive research and community engagement, addressing the limitations of smaller, fragmented services. After a successful pilot in 2021, the Toronto Crisis Service expanded citywide in Q3 2024.

TCCS operates under the principle of "no wrong door," allowing individuals to reach out for help by calling either 911 or 211. The service is available to individuals aged 16 and older. Mobile crisis teams are deployed to provide immediate assistance, which includes addressing basic needs such as food and clothing, as well as offering post-crisis care within 48 hours.

The City of Toronto plays a crucial role as the service system manager, overseeing background policy and support while coordinating partnerships with local organizations, police, and paramedics. The program is led by the Community Safety and Well-Being Division and works closely with several divisions, primarily including Public Health Services, Fire Services, Paramedic Services, and Toronto Police Service. The service is delivered by various health organizations funded by the city, which is divided into four operational areas, including Indigenous and Afro-centric approaches to health support.

The TCCS team consists of eight core staff members who are City of Toronto employees, including a manager, policy development officers, and a management consultant. Crisis workers are deployed and sourced from local organizations, resulting in a workforce of approximately 200 individuals across four key organizations.

The TCCS is funded primarily through the City of Toronto's tax base, with an allocation of \$13.754 million during the pilot phase and \$26.832 million in 2024 as service expanded citywide<sup>1</sup>. The city has also requested cost-sharing support from the province.

From March 2022 to April 2023, during the pilot phase, TCCS handled around 7,000 calls, achieving a diversion rate of 78%, meaning a significant proportion of calls were resolved without police involvement. As the service transitioned to citywide deployment in Q3 2024, there was a reported 40% increase in call volume within the first month. The service aims for long-term integration with paramedic systems and other emergency services to ensure a seamless response to mental health crises.

### **Hamilton's Mental Health Crisis Response**

To address Council's inquiry regarding the feasibility of the Toronto Community Crisis Centre model in Hamilton, staff consulted with community providers to understand existing services in Hamilton. The city's mental health crisis response includes various programs aimed at supporting individuals in crisis.

The Crisis Outreach and Support Team (COAST), established in 1997 partnering St. Joseph Healthcare with the Hamilton Police Services, operating a 24-hour crisis line and provides outreach services to all ages. There are two ways COAST will respond for mobile visits which are triaged in a priority manner. The outreach response provided is determined by the risk level of the call, which may range from counselling via phone to in-person responses by a mental health worker and crisis response worker. In high-risk cases, both a mental health worker and a non-uniformed police officer are assigned to the visit. In 2023, this team received 25,073 calls, conducted 805 mobile visits without police intervention, and 799 visits that included non-uniformed police officers. Notably, only 3.2% of calls to the COAST crisis line resulted in a police response.

The Mobile Crisis Rapid Response Team (MCRRT) is composed of first responders consisting of mental health workers and dedicated uniform police officers, responding to 911 calls for persons in crisis or related calls. This team operates daily from 8:00 AM to 4:00 AM. In 2023, the Mobile Crisis Rapid Response Team responded to 5,514 calls, assisting 3,585 individuals, demonstrating lower apprehension rates and shorter wait times for both police officers and clients at emergency departments. Proactive engagement with clients helps build rapport and develop coping strategies outside of crisis situations. Funding for the mental health workers is provided by the Ministry of Health.

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<sup>1</sup> City of Toronto Report for Action [2023 Update on the Toronto Community Crisis Service and Proposed Expansion Plan](https://www.toronto.ca/legdocs/mmis/2023/ex/bgrd/backgroundfile-240069.pdf). October 17, 2023. Available at <https://www.toronto.ca/legdocs/mmis/2023/ex/bgrd/backgroundfile-240069.pdf>

The Social Navigator Program (SNP) and Rapid Intervention Support Team (RIST) originated from a partnership with the City of Hamilton's Economic Development Division and Emergency Medical Services. The goal of these programs is to reduce reliance on judicial and healthcare systems by guiding at-risk individuals toward appropriate agencies to improve their health and well-being. The team consists of paramedics, police officers, and a Social Navigator Coordinator. In 2022, the Social Navigator Program was expanded to include two Youth Navigators and the Rapid Intervention Support Team, which provides comprehensive support to individuals with complex needs.

Rapid Intervention Support Team is a coordinated multisectoral team that integrates various community agencies and Hamilton Police Social Navigator Officers. The team includes addictions workers, mental health navigators, Indigenous women's navigators, court liaisons, seniors and youth navigators, and housing navigators. In 2023, this team connected with 1,292 unique individuals and delivered 12,833 services, including transportation to medical appointments and wellness check-ins. This program is funded through the Community Safety and Policing Grant, from April 2022 to March 2025.

The Good Shepherd Barrett Centre provides 24/7 crisis services for individuals aged 16 and older, including telephone and in-person crisis assessment, crisis counselling, short-term stabilization beds, group counselling, and peer support drop-in groups. Funded by the Ministry of Health and Long-Term Care, the centre operates a 16-bed program, with 6 beds designated for justice-related referrals (e.g., police, MCRRT, SNP, and COAST) to divert individuals from the justice system and provide timely care. The 10 additional crisis beds accept referrals from various sources, including self-referrals, hospitals, and social service providers, with same-day intake and a one-hour response time for Safe Bed referrals. As part of the broader Good Shepherd organization, the Barrett Centre is dedicated to mental health and addiction services, supporting individuals across a wide range of needs, from shelter and outreach to medical care, with a focus on prevention and intervention for diverse populations.

Intensive Case Management Access Coordination (IntAc) streamlines access to intensive case management services for individuals experiencing serious mental health issues, working closely with key agencies to provide comprehensive care. This program connects individuals to three key agencies providing these essential services: the Canadian Mental Health Association (CMHA), Hamilton Branch; the Community Mental Health Promotion Program (CMHPP) – City of Hamilton; and the Hamilton Program for Schizophrenia (HPS).

Hamilton ACTT, through St. Joseph's Healthcare, offers specialized community-based services for individuals aged 18 and older in the Greater Hamilton area who experience complex physical, psychological, and social challenges due to severe mental illnesses

such as schizophrenia, schizoaffective disorder, major depression, and bipolar disorder. The program aims to help clients regain meaningful roles in their communities through comprehensive, individualized support that utilizes evidence-based therapeutic approaches. Key goals include reducing mental health symptoms, improving housing stability, enhancing independence and life satisfaction, and fostering better employment and educational outcomes, as well as strengthening social and family relationships.

Although not a provider of service, the Greater Hamilton Health Network (GHHN) is a coalition comprised of health service providers in the Hamilton, Haldimand Niagara North West area, who work together to transform healthcare services across the region, emphasizing integrated care and improved patient outcomes. The Ministry of Health provides project-specific funding to the GHHN through Ontario Health West for various initiatives that reflect specific health priorities, and the GHHN has also been a facilitator and convener of partners to address local issues in a coordinated and collaborative way. Hamilton health providers receive Ministry of Health funding directly from Ontario Health and are accountable to Ministry and Ontario Health West for the programs and services delivered by their respective organizations.

The GHHN recently completed its “Mobile and Outreach Service Mapping: A Current State Analysis of the Greater Hamilton Health Network Service Areas 2024”<sup>2</sup>. This report outlines the implementation and outcomes of a mobile crisis intervention program aimed at providing immediate support to individuals in mental health distress. It evaluates the effectiveness of outreach services, highlights key challenges faced during the program, and presents recommendations for enhancing mental health crisis response in the community. Overall, the report outlines the diverse services available through multiple organizations and emphasizes the importance of accessible and timely mental health services to improve community well-being.

### **Feasibility of Implementation in Hamilton**

The TCCS model includes several core elements that already exist in Hamilton, or which if implemented, could enhance Hamilton’s mental health crisis response system. As in Toronto, a multi-agency 24/7 crisis response is available in Hamilton through programs like COAST/MCRRT, indicating a high feasibility for effective collaboration. The Toronto model serves individuals aged 16 and older, with COAST accommodating all ages, which also supports high feasibility. COAST operates 24/7, ensuring high feasibility for continuous crisis intervention. Mobile crisis teams are also available, with

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<sup>2</sup> Greater Hamilton Health Network. (2024). *Mobile and outreach service mapping: A current state analysis of the Greater Hamilton Health Network service areas* report. Retrieved from <https://greaterhamiltonhealthnetwork.ca/wp-content/uploads/2024/08/GHHN-Mobile-and-Outreach-Worker-Final-Report.pdf>

both COAST and the Mobile Crisis Rapid Response Team (MCRRT) aligning well with TCCS principles.

However, system coordination is limited in Hamilton, presenting a moderate to low immediate feasibility for implementing this critical component of the TCCS model. In Toronto, individuals in crisis can call 911 or 211, and Toronto's 911 dispatch can divert calls to 211. It should be noted that while Hamilton can divert 911 calls to Fire, Paramedics, Police and COAST; it is limited in current opportunities to triage appropriate calls to community paramedics, or mental health responders instead of ambulance.

The Ministry of Health currently operates Central Dispatch for ambulatory services. Local control of dispatch has been requested of the Ministry of Health, as is the model in municipalities such as Niagara, Ottawa, and Toronto, which would provide local options to triage appropriate 911 calls to community paramedics, or mental health responders beyond COAST. .

Mental health professionals serve as first responders through COAST, further supporting high feasibility. However, there is a notable lack of sustained funding for existing programs, which presents a low feasibility challenge, as securing long-term funding is essential for effective implementation.

The mental health and addictions sector is complex, with many organizations providing unique services through varied funding streams in a patchwork manner, which when combined contribute to fragmented service delivery, complicated access, under-resourced programs and services and duplication. Developing a similar coordinated program in Hamilton as exists in Toronto with a single point of access and "no wrong door" for Hamilton would mean transforming our local system of services and supports. This would require significant time and community consultation as well as dedicated senior level leadership in order to appropriately build trust and rapport between providers, identify opportunities, develop recommendations and implement a new model for Hamilton.

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Mental health crisis response framework and programming must consider several key policies and pieces of legislation including:

- **Community Safety and Policing Act (CSPA):** This act includes provisions related to the provision of community-based services and emphasizes the importance of collaboration between various agencies in addressing public safety, including mental health crisis responses. This legislation governs the Community Safety and Well-Being Plan as well as Hamilton Police Services.

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- **Mental Health Act (R.S.O. 1990, c. M.7):** This act governs the assessment and treatment of individuals with mental health issues, outlining the rights of individuals and the responsibilities of healthcare providers. It is crucial for ensuring that any crisis response program aligns with legal requirements for involuntary treatment and patient rights.
- **Health Care Consent Act (R.S.O. 1996, c. 2):** This legislation establishes the principles of informed consent in healthcare, emphasizing the importance of respecting individuals' rights to make decisions about their treatment. Any crisis response program must adhere to these principles.
- **Accessibility for Ontarians with Disabilities Act (AODA):** This act aims to improve accessibility for individuals with disabilities, including those with mental health challenges. Programs should ensure that services are accessible to all individuals, regardless of their abilities.
- **Ontario Human Rights Code:** This code protects individuals from discrimination based on various grounds, including mental health status. Any crisis response program must promote equity and prevent discrimination in service delivery.
- **Child and Family Services Act (CFSA):** If the program includes services for youth under 16, it is important to consider the provisions of the Child and Family Services Act, which governs the welfare of children and emphasizes the need for a collaborative approach to support young individuals in crisis.
- **Public Health Standards:** Relevant public health guidelines and standards, such as those from the Ministry of Health, should be reviewed to ensure that the crisis response program aligns with best practices in mental health care and public health initiatives.
- **Integrated Community Health Services Centres:** governs the provision of emergency medical services, including the protocols for responding to mental health crises. Effective mental health planning must consider how to integrate these emergency services with mental health crisis response programs to ensure timely and appropriate care.

These policies and legislation must continue to inform Hamilton's comprehensive mental health crisis response programs to ensure they are effective, equitable, and legally compliant.

## **RELEVANT CONSULTATION**

Staff engaged with partners in Toronto and across Hamilton in the development of this report. The City of Toronto provided in depth information included in this report.

Consultations with local leaders and programs included St. Joseph's Healthcare, Hamilton Police Services, Centre for Addictions and Mental Health, Good Shepherd,



Greater Hamilton Health Network and City of Hamilton Paramedics Services, Public Health, Housing, and Ontario Works.

## **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

Hamilton's mental health crisis response system is multifaceted, and partnerships are strong. A key takeaway from the local analysis is that providers in Hamilton's mental health and addictions sector identified gaps that hinder effectiveness to work as a coordinated system of services and supports. While the existing programs, such as Crisis Outreach and Support Team, Mobile Crisis Rapid Response Team, and Rapid Intervention Support Team, and the many other mental health outreach programs and services within the City provide valuable services, they may lack a comprehensive, integrated framework seen in models like the Toronto. The Toronto Community Crisis Service's successful "no wrong door" approach allows individuals to seek help through multiple avenues, whereas Hamilton's system can be fragmented, with varying access points that may confuse those in crisis.

Additionally, information from service users is needed to fully understand the needs of people seeking crisis support, though it is believed that an expansion of existing programming could better support needs.

Moreover, while Rapid Intervention Support Team connects with many individuals, the high demand for services – evidenced by the substantial number of unique individuals served – suggests that current resources may be inadequate. The lengthy waitlists for public health services, addiction support, reaching up to 18 months for case management, further exacerbate the issue, indicating a lack of timely access to necessary support.

City involvement: Mental Health Services and Supports historically are provincially funded services that are outside the scope of services provided by municipalities. However, the City of Hamilton's Paramedics, Public Health Services, and Police Services have a role in the community's mental health crisis response. Paramedics provide immediate medical assistance and support during crises, while Public Health Services offer several mental health resources and programs aimed at prevention and support, and Police Services ensure safety and facilitate appropriate responses to individuals in distress as well as can apprehend under the Ontario Mental Health Act. Although Hamilton's Community Safety and Well-Being plan team is not resourced to develop and implement pilot programs as some other municipalities are, the support team through the CSWB plan plays a vital role in working at a system level to integrate initiatives across the six priority areas, which include mental health and substance use, into broader safety strategies, encouraging a coordinated response to community needs and promoting holistic well-being for all residents.

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It is important to note that while the GHHN is leading coordination efforts in the mental health and addictions sector through the Secretariat, it is not funded specifically for coordination of the sector. The Greater Hamilton Health Network's (GHHN) Mental Health and Addictions Secretariat was convened to enhance the coordination and delivery of mental health and addictions services within the community, recognizing the need for a local table. This initiative aims to address gaps in care, promote collaboration among service providers, and improve outcomes for individuals facing mental health and substance use challenges. As part of its work plan, progress can be reported back to Council through the GHHN's reporting to the Board of Public Health.

**ALTERNATIVES FOR CONSIDERATION**

That Council direct staff to prepare a business case for the 2025 budget that would provide resources for dedicated senior level leadership to work with the Greater Hamilton Health Network and the Mental Health and Addictions Sector to develop a made-in-Hamilton integrated mental health crisis response, with single point of access and coordinated follow up service and supports. This effort would build on and integrate existing services and supports and include community consultation, local analysis and recommendations. The implementation of a 211 response could be considered within this work, as well as a full costing and phased implementation plan for how the model could leverage existing resources and be developed uniquely for Hamilton.

**APPENDICES AND SCHEDULES ATTACHED**

Not applicable