



# INFORMATION REPORT

<b>TO:</b> Chair and Members Emergency & Community Services Committee	<b>WARD(S) AFFECTED:</b> WARD 2
<b>COMMITTEE DATE:</b> October 4, 2012	
<b>SUBJECT/REPORT NO:</b> Social Navigator Pilot Project (HES12017) (Ward 2) Update	
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**Council Direction:**

n/a

**Information:**

**EXECUTIVE SUMMARY**

In the summer of 2011 the Hamilton Police Service (HPS) and Hamilton Emergency Medical Services (HEMS) initiated a Social Navigator pilot project (Phase One) facilitated by Paul Johnson, Director of Neighbourhood Development Strategies.

The overarching goal of the Social Navigator project is to improve the social determinants of health of “at risk individuals” in the downtown core who are frequently coming into contact with the HPS and other traditional crisis agencies (hospital emergency departments, HEMS, Community Care Access Centre, Public Health, Community Services, etc.) by linking them early to various support agencies. The means to improve these persons’ circumstances through this initiative is to effectively and proactively connect these persons to the right help at the right time. As a consequence of an improvement in the quality of life of these persons it can be expected that these persons would reduce their reliance on the crisis support agencies, require less contact with the judicial system, and, that the other citizens that work, live or play in downtown Hamilton will enjoy collateral quality of life benefits.

Phase One of the pilot project that started in July 2011 focused on establishing and testing the basic operations of the Social Navigator model using a paramedic and making some initial contacts with clients known to the HPS. By all accounts the first phase was successful and laid the foundation for a second phase to further development of the program and to assess the effectiveness of the program.

Phase Two of the Social Navigator pilot project was made possible by financial support through the “Downtown Block” funding approved by City Council during the 2012 budget process. The paramedic assigned to Phase Two started with the HPS Action Team in June 2012. The objectives of this phase are to refine the operating procedures and to enhance the program evaluation to determine the impact of the Social Navigator interventions. To support those objectives a larger working group has been established which includes representation from Community Services, Public Health, HEMS, HPS and the Neighbourhood Development Office.

With the current funding allocation, Phase Two of the Social Navigator project will continue to at least April 2013. Discussions regarding additional funding from the same source are currently underway in an effort to continue the project to the end of 2013 to enhance the quality of information through evaluation that will assist Council in making decisions about the future of the program.

Based on the experience to date the Social Navigator Pilot Project has had a positive influence with various clients that have been served. It has the support of front line staff within the Police Service and the Paramedic Service, and the structure in place is effective. One of the positive by-products from Phase Two is that the Social Navigator working group is modelling collaborative behaviours consistent with the Human Services Planning Initiative and that will have important benefits for future initiatives.

The next steps for the Social Navigator project are to continue to provide high quality service to the citizens while collecting qualitative and quantitative information that can be used to guide service delivery decisions that are in the best interest of the community and to determine if the Social Navigator initiatives should continue. At an appropriate time the steering committee will bring forward further updates to Hamilton City Council.

## **BACKGROUND**

### **The challenge**

In May 2010 the Hamilton Police Service (HPS) initiated the Program: Addressing Crime in our Neighbourhoods (ACTION) which is a team of police officers focusing in on areas that have experienced high violent crime rates. In the daily course of the work by the HPS ACTION Team they noted that they were responding to many calls for the same persons primarily in the downtown core. They also noted that these persons

seemed to have similar underlying social and health challenges which were contributing factors for the repetitive interactions with the police, and that those conditions could not properly be addressed by the judicial system. Based on anecdotal information it also seemed that these same persons were frequent users of the HEMS, the hospital emergency departments, and other community support agencies. The HPS sought to leverage on the depth of community resources in Hamilton and link these persons to these agencies in an effort to prevent their further involvement in crime by improving their quality of life.

The hypothesis to be tested was that there are many persons who frequently come in contact with the HPS primarily due to challenges related to the social determinants of health and if those challenges could be positively addressed that police contact and the resulting workload within the criminal justice system would be reduced; the quality of life for those persons would improve; and areas where these persons frequent would experience a reduction in criminal activity and or an improved perception of neighbourhood safety.

### **Test a solution - Paramedic Social Navigator Joins Police ACTION Team**

In order to test this hypothesis and address this challenge, under the leadership of Hamilton Police Chief Glenn De Caire, the HPS deliberated on a number of options with the assistance of Paul Johnson, Director of Neighbourhood Development Strategies. After exploring various options, the HEMS was contacted given the depth of related experience that had been recently amassed by that division with the Community Referral Emergency Medical Service (CREMS) project.

Arising from those discussions in July 2011 the HPS and HEMS entered into an eight (8) week pilot project whereby a paramedic was assigned to work with the Hamilton Police ACTION Team as a Social Navigator. The Paramedic Service was able to provide the paramedic resource for the initial pilot project from existing resources given the short duration, and on the condition that the paramedic resource always remained available for life threatening medical responses in the area.

During Phase One of the pilot project, one paramedic worked three (3) days a week as a Social Navigator and would contact persons identified by the HPS Action Team. The Social Navigator paramedic's role was to assist those clients to navigate through the 'system' to connect with the various support agencies that were the most likely to be successful in addressing the underlying challenges that were thought to be contributing to the client's crisis events.

The objective of Phase One of the Social Navigator pilot project was to test the operational model of the Social Navigator process and determine if a Paramedic could

fulfil the intended role of a ‘navigator’ (vs. some other allied professional i.e. RN or social worker). During this phase, early anecdotal observations on the interactions with the clients were also collected.

The rationale for testing the model with a paramedic was based on: the recent success of the Community Referral Emergency Medical Services (CREMS) project and the rapid experience that paramedics have gained in referring patients to a wide variety of other services; the broad depth of medical education that the paramedic has combined with the paramedic front line experience in crisis intervention; and, the paramedics already are interacting and have relationships with many of these clients and agencies. In addition, all of the CREMS objectives (Table 1 below) are similar to the objectives the HPS was seeking to achieve for their organization and so both initiatives are complementary.

Table 1 - CREMS Objectives

- (a) improving the match of the patients’ needs to the services delivered;
- (b) reducing the number of repeat paramedic calls by patients that call frequently for low-acuity matters that may be better dealt with by another community agency;
- (c) reducing hospital emergency departments’ demands attributed to this subset of patients; and
- (d) as a consequence of (b) and (c) assist in reducing the ambulance-hospital offload pressures

The following observations were noted from Phase One of the Social Navigator project:

1. A sound operational model was formulated on how the police and paramedic would complete tasks.
2. Equipment, supplies and other operational and logistical issues were identified and resolved.
3. The police and paramedic identified a standardized means to select persons appropriate to receive a social navigator support.
4. The police and paramedic culture and operational approaches are similar and resulted in positive relations between the parties and effective work practices.
5. Twenty-seven individuals were linked to the Paramedic Social Navigator and many of those persons had a reduction in police service interaction.

Having completed the eight (8) week project, the paramedic returned to regular duties while the two lead sponsoring agencies and others reviewed the results. It was agreed by all parties that the limited objectives of Phase One of the Social Navigator pilot project had been met and that it was a success. The next consideration was where to take the project from there?

### **What Next? Phase Two of the Social Navigator Pilot**

The long term objectives of the Social Navigator intervention are to increase the quality of life for the persons who are connected with the project and to decrease the workload experienced by the criminal justice system who may be dealing with persons who could be better served through connections with community resources. In the short term the Social Navigator intervention seeks to provide persons with better access to services and supports and in doing so reduce the reliance on the paramedic service and hospital emergency departments for episodic crisis intervention. By improving access to services and supports it is an objective of the project to reduce the interactions with the HPS. These outcomes may also improve the perception of safety in the downtown core. In order to measure if the Social Navigator interventions are contributing to meeting these long term objectives, it was agreed a longer phase of the pilot project was required

During the 2012 budget process City Council approved a capital budget request put forward by Glen Norton, Manager, Urban Renewal, as part of the “Downtown Block” which is supporting Phase Two of the Social Navigator pilot from June 2012 until April 2013. Discussions are currently underway to determine if additional funding from the same source can be made available to continue the Social Navigator pilot to the end of 2013 to enhance the quality of information through evaluation that will assist in decision making on sustainability of this initiative.

The purpose of Phase Two of the pilot project is to refine the operating procedures of the program, expand involvement to include other support agencies and to enhance the program evaluation.

To support this phase of the project a larger working group has been established which includes various City departments and divisions with representation from Community Services and Public Health, in addition to the original partners of HEMS, HPS, and the Neighbourhood Development Office. The working group is increasingly focused on collecting information and assessing the impact of the interventions with the clients being served, and to take on a more integrated service perspective. Updates on the work of the Social Navigator initiative are provided to the cross-departmental Downtown West Harbour Coordinating Committee as part of the regular meetings of this group.

In summary, based on the information gathered to date, the Social Navigator pilot project is functioning well, and based on preliminary anecdotal results it has had a positive influence with the clients that have been served. The processes that have been established to communicate between agencies has been effective and the operating procedures being applied to support the program appear to be sound. One of the positive by-products of the work done to date is that the Social Navigator working group is modelling the desired behaviours of collaborating on a citizen focused issue in a manner that is consistent with the Human Services Planning Playbook which can model the way the City continues to develop various human services responses.