



Ontario Association of Police Services Boards

2045 Dundas St.
London, ON N5V 1R4
admin@oapsb.ca
1-800-831-7727

17 May 2016

Hamilton Police Services Board

Attn: Ms. Lois Morin

lois.morin@hamilton.ca

Dear Lois,

On behalf of the Ontario Association of Police Services Boards (OAPSB) and all the participants at our 2016 Spring Conference and Annual General Meeting, I wish to express our sincere appreciation for your generous contribution.

A tribute to our sponsors was included in our conference program which was provided to each delegate who attended the conference when they registered, as well as at the President's Banquet. We are also featuring a thank you to our sponsors on our website at http://www.oapsb.ca/members/events/2016_spring_conference_and_agm/.

According to conference evaluation forms received, this conference was considered by many delegates to be the most successful and informative event to date. This was possible because of the generous contributions by members like you.

Once again, thank you. I look forward to working with you throughout the year to advance our common interests, and hope to see you at our future events.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Eli El-Chantiry'.

Eli El-Chantiry
President

A handwritten signature in dark ink, appearing to read 'Fred Kaustinen'.

Fred Kaustinen
Executive Director

SIKH HERITAGE MONTH HAMILTON

SHMHamilton@gmail.com May 2, 2016

Alchie Weatherill
RECEIVED

APR 29 2016

CHIEF'S OFFICE
HAMILTON POLICE SERVICE
[Signature]

Dear Mr. Ken Weatherill,

The Sikh Heritage Month Hamilton Committee would like to thank you for speaking at our event on April 28th. We are fortunate to have had someone as yourself volunteer time from your busy schedule to address our guests.

Our event was not meant to be a single event, but a starting point for the work that must be done to allow all Canadians to understand and appreciate our diverse heritage and culture. Our committee is young, ambitious and passionate about making changes in our local community. We hope we can count on you for our future endeavours.

Sincerely,

SHM Hamilton Committee Members

*PSB
Info (May)
me*



905-522-99
www.ywcahamilton.o

Charitable Registration
#11923 6792 RR0001

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A/Chief Weatherill
RECEIVED

March 28, 2016

Hamilton Police Service Auction Account
155 King St W
Hamilton, ON L8R 1A7

APR 13 2016

CHIEF'S OFFICE
HAMILTON POLICE SERVICE

Dear Friends:

On behalf of YWCA Hamilton, our Board of Directors, and the **Women of Distinction** Awards Planning Committee, we would like to sincerely thank you for supporting YWCA Hamilton's 2016 Women of Distinction Awards. Your support will allow us to continue providing essential programs and services to women in our community.

The 2016 **Women of Distinction** Awards are especially significant. This year, we celebrate 40 years of honouring women in our own community. Over the past four decades, each Women of Distinction nominee has inspired us with her initiative, leadership, and innovation. Thank you for helping this tradition continue. By supporting YWCA Hamilton's Women of Distinction Awards, you're helping us to inspire a new generation of leaders.

YWCA Hamilton has a 125-year history of providing essential programs and services to women and girls, children, seniors, adults with developmental disabilities, and many others in the community. By contributing to YWCA Hamilton, you're playing an integral role in helping people face barriers, providing them with the tools they need to become leaders in their own lives and communities. We truly appreciate your generosity.

We invite you to learn more about the work we do at YWCA Hamilton for women, girls and their families by visiting our website, www.ywcahamilton.ca.

Sincerely,

Debbie Logel Butler
Chief Development Officer



31 Service Battalion
701 Oxford Street East
London ON
N5Y 4T7

4.9(g)

05 April 2016

Ken Weatherill
Acting Chief of Police
Hamilton Police Service
155 King William Street
Hamilton, ON L8N 4C1

A/Chief Weatherill
RECEIVED

APR 13 2016

CHIEF'S OFFICE
HAMILTON POLICE SERVICE
[Signature]

Dear Acting Chief Weatherill,

Please accept our sincerest gratitude for your attendance at 31 Service Battalion's Freedom of the City Parade on 19 March 2016. I would like to express my appreciation to you for making the time in your schedule to meet with the event planners in the week preceding and performing the ceremonial duties on the day of the ceremony. Our parade was very successful and your participation in the ceremony was an important part of this success.

Ultimately, the conferring of the Freedom of the City was a great honour for our members to receive. Thank you again for your contribution and for your commitment to Hamilton's military community.

Sincerely,

Sean T. Harding
Lieutenant Colonel
Commanding Officer
Sean.Harding@forces.gc.ca
519-660-5275 Extension 5527

RSB Info (May)
[Signature]



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CHIEF'S OFFICE
HAMILTON POLICE SERVICE

MAIN OFFICE

630 Sanatorium Road
Hamilton, ON
L9C 7S7

Hamilton Police Services
155 King William Street
PO Box 1060, LCD1
Hamilton ON L8N 4C1

Tel: 905-387-9959
Fax: 905-387-0019

Dear Friends:

Re: Sponsorship of "Drives for Lives" Golf Tournament

I am writing today to thank you for your generous contribution to our 14th Annual "Drives for Lives" Golf Tournament.

On behalf of our golf committee and our board of directors, your gift/sponsorship of a hole will make a huge difference in the lives of abused women and children at Interval House of Hamilton. The funds raised from this tournament will provide women with a warm and safe place to rest, food and supportive counselling. It will also provide children with an opportunity for a different life.

Without donors like you we would not be able to fulfill these needs. Once again thank you very much.

Sincerely,

Nancy Smith
Executive Director

**WOMEN CENTRE
OF HAMILTON
& JARED'S PLACE**

100 Main St. E.,
Suite 205
Hamilton, ON
L8N 3W4

Tel: 905-522-0127
Fax: 905-522-7200

**FLAMBOROUGH
WOMEN'S
RESOURCE CENTRE**

17 Main St. S., Unit C
P.O. Box 1499
Waterdown, ON
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HAMILTON POLICE SERVICES BOARD

OUTSTANDING ISSUES as of May 26, 2016

ITEM	ORIGINAL DATE	ACTION REQUIRED	STATUS	EXPECTED COMPLETION DATE
1. Update: Delegation: Mr. Chandrashekar	January 21, 2014	That a review of the processes surrounding the Administration of Overtime and the Sick Pay Reserve be completed.		2 nd Quarter of 2016
2. Correspondence from Mr. Shekar Chandrashekar with respect to articles from the Hamilton Spectator.	September 15, 2014	That staff report back on the ability to publish expense(s) of Police Services Board Members on the Hamilton Police service Board website pages. The report is to include the process and costs associated to develop this initiative.		2 nd Quarter of 2016
3. 2015 Hamilton Police Service Operating Budget (PSB 14-119)	January 22, 2015	That the Board requests KPMG to attend a future meeting of the Board to answer any questions with respect to the annual audit.		2 nd Quarter of 2016
4. Other Business	February 26, 2015	That the Board Administrator investigates the use of Electronic devices for monthly agendas.	PSB 16-001 – In process of gathering further information.	2 nd Quarter of 2016
5. Training and Practices of the Hamilton Police Service on Bias Free Policing	July 23, 2015	That Senior Command report back to the Board on the value, implications, pluses and minuses moving forward with respect to collecting, evaluating, analyzing and reporting on race based analysis data on an ongoing basis, including recommendations moving forward.		Waiting for MCSCS to release Legislation



HAMILTON POLICE SERVICES BOARD

OUTSTANDING ISSUES as of May 26, 2016

ITEM	ORIGINAL DATE	ACTION REQUIRED	STATUS	EXPECTED COMPLETION DATE
6. Training and Practices of Hamilton Police Service on Bias Free Policing	July 23, 2015	The Board request an information report with respect to the best practices as it pertains to developing policy around Community Street Checks		Waiting for MCSCS to release Legislation
8. Body-Worn Camera Study	November 19, 2015	The Chief to report back to the Police Services Board in one year with further findings from external body-worn camera pilots.		4 th Quarter of 2016 – (November)

HAMILTON POLICE SERVICES BOARD

- RECOMMENDATION -

DATE: 2016 May 26

REPORT TO: Chair and Members
Hamilton Police Services Board

FROM: Eric Girt
Chief of Police

SUBJECT: *Community Mobilization Division Restructuring and Year-End Report: Crisis Response Unit - 2015 (PSB 16-075)*

RECOMMENDATIONS:

- a) That the Board approve a Restructuring Plan for the Community Mobilization Division and;
- b) That the Board approve the transfer of the Crisis Outreach And Support Team (COAST) to the Community Mobilization Division; and
- c) That the Board approve the transfer of the Mobile Crisis Rapid Response Team to the Community Mobilization Division; and
- d) That the Board approve the creation of the Crisis Response Unit comprised of the Mobile Crisis Rapid Response Team, the Crisis Outreach And Support Team, and the Social Navigator Program reporting to the Commander of Community Mobilization.



Eric Girt
Chief of Police

FINANCIAL / STAFFING / LEGAL IMPLICATIONS:

FINANCIAL – n/a

STAFFING – No additional staffing is requested as the transfer involves the use of existing staff and resources.

LEGAL – n/a

BACKGROUND:

The Hamilton Police Service, in collaboration with St. Josephs Healthcare, has 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.

In April 2015, on a pilot basis, the Hamilton Police Service created the **Crisis Response Unit (CRU)** combining the following three (3) programs, **Crisis Outreach and Support Team (COAST)**, **Mobile Crisis Rapid Response Team (MCRRT)**, and the **Social Navigator Program (SNP)**. The Crisis Response Unit reports to the Inspector of the Community Mobilization Division. The enhancement and restructure allows the Hamilton Police Service and its partners to address and respond to complex mental health issues in the community, and deliver the highest quality of service under one (1) unified command. The restructuring also allows for proper supervision, span and control ratio of members to supervisors.

The Crisis Response Unit combines Police Officers, Paramedics and Mental Health workers responding to 911 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.

EG/M. Worster

Attachment: *Crisis Response Unit Annual Report - 2015*

cc Deputy Chief Kenneth Weatherill, Field Support

Inspector Mike Worster, Community Mobilization Division



Hamilton Police Service

**Crisis Response Unit
Community Mobilization Division
Annual Report 2015**

**Submitted by
A/Sergeant Steve Holmes
A/Staff Sergeant John Canaris
Inspector Mike Worster**



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Executive Summary

The Hamilton Police Service in collaboration with St. Josephs Healthcare has 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.

In April 2015 on a pilot basis, the Hamilton Police Service created the **Crisis Response Unit (CRU)** combining the following three programs, **Crisis Outreach and Support Team (COAST)**, **Mobile Crisis Rapid Response Team (MCRRT)**, and the **Social Navigator Program (SNP)**. The Crisis Response Unit reports to the Inspector of the Community Mobilization Division. The enhancement and restructure allows the Hamilton Police Service and its partners to address and respond to complex mental health issues in the community, and deliver the highest quality of service under one unified command.

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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 nationwide, with many Services adopting the same 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- April 2015 after the Local Health Integration Network (LHIN) provided funding for five Mental Health Clinicians to work in conjunction with Police Officers in a uniform first response capacity. Initial results were encouraging 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 response.

On April 12th, 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 five fulltime Mental Health Clinicians and five fulltime Police Officers dedicated to the program. The first team provides coverage from 10:00-22:00hrs and the second team provides overlap and coverage between 13:00-1:00hrs. Staffing for the Police Officers was approved by the Hamilton Police Service for the 2015 budget and funding for the Mental Health Workers is provided by St Joseph's Healthcare and the LHIN.

Between April 12, 2015 and December 31, 2015 the MCRRT was mobile for 264 shifts and responded to 2,160 individuals in crisis. Of the 2,160 individuals seen, 534 were brought to hospital. Of the 534, 413 were apprehended by the MCRRT under Section 17 of the Mental Health Act for assessment at Hospital, 121 individuals were apprehended on the strength of Mental Health Act Forms.

Historically the apprehension rate with two uniformed officers was 75.4%. With the MCRRT response, the rate of apprehension varies between 17% and 20.4%. The reduction in apprehension rates by the MCRRT teams is a direct result of better training and having qualified personnel to make informed decisions about the nature of the incident and client assessment at first response. The result is the person most in need is being taken to hospital for assessment at the right time, while those who require treatment in the community are not admitted to hospital.

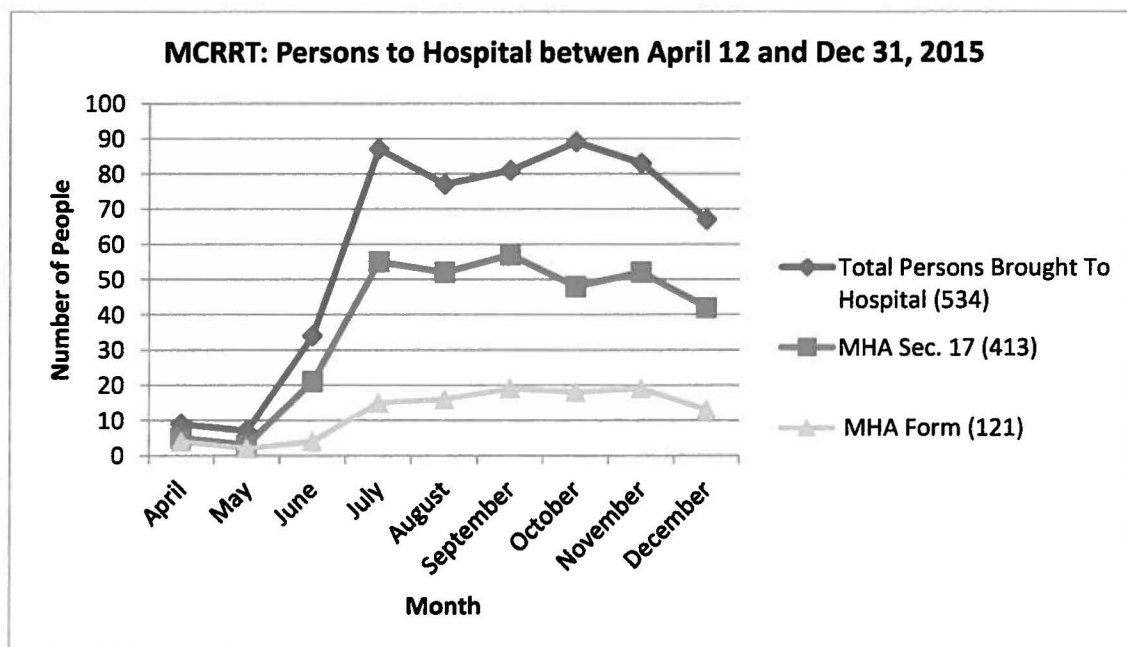
In addition, historically, uniformed officers with clients spent an average of eighty minutes in Hospital Emergency Departments waiting for care. With the MCRRT response police officers and clients now spend an average of sixty minutes in hospital waiting for care.

Upon review of the data from the first eight and half months and using a 75.4% apprehension rate with an average 80 minute wait time, it can be estimated that 1,629 of the 2,160 individuals seen would have been taken to hospital by patrol officers if the MCRRT response was not available. This meant police officers would have spent approximately 4,344 hours in hospital Emergency Departments.

Using the MCRRT response with an improved 60 minute wait time and lower apprehension rates the combined savings for the 8 ½ month period are dramatic. The MCRRT response showed a saving of approximately 3,931 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, it reduces the impact on services provided by hospitals particularly in Emergency Departments, but more importantly, it provides higher quality care to persons in crisis in a timely manner.

In 2015, the Hamilton Police Service responded to 4484 mental health calls. Of those calls, 3759 occurred between April and December 2015. The MCRRT responded to 57% (2,160) of all mental health calls. This includes persons in crisis; person in crisis follow up/reports; elopees; mental health act forms; and follow up; suicide, and suicide follow up/reports.



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 as a direct result of the Zachary Antidormi Inquest. COAST was designed to enable individuals in crisis who have a serious mental illness, but who lack necessary supports, to remain within their own environment by providing a range of accessible services that include outreach assessments, supports and interventions to prevent further crisis.

COAST provides a 24hr. 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 social/ mental health agencies regarding the COAST program. COAST also assists in planning and evaluation of client programs and provides opportunities for peer support, facilitate provider education and staff training.

Currently, the team consists of four fulltime 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 and police officers can work either 8am to 8pm or 12am to 12pm. After hours support is provided by the 24 hour telephone crisis line

COAST OBJECTIVES:

- To maintain a system of screening incoming crisis calls, a single telephone number for consumer, families, and service providers for mental health crisis 24 hours/day.
- To provide telephone support and/or referral to the Mobile Crisis Team as is necessary 24 hours/day.
- To provide 24 hour mobile crisis intervention which includes; assessment, and a formulation of suitable plan to resolve the crisis on location.
- To provide short term supportive intervention to clients, families and service providers in the client's environment of choice.
- To provide opportunity for linkages to a variety of supports and services for basic life necessities. (i.e. housing, income, food etc.)
- To identify gaps in the services, establish an evaluation process consistent with regional and district plans and to encourage consumer/stakeholder involvement in development and operation of the program.
- To provide information and referral to Peer Support Programs and to establish consumer initiatives in the COAST program.
- To provide staff development, training and activities related to the provision of crisis intervention and support.

Between April 12 and December 31, 2015 COAST conducted 952 mobile visits. The majority (97%) of visits were for persons in crisis. A primary goal of COAST is to provide care to persons in crisis in their own environment. Despite this COAST spent 156 hours in hospital between June and December 2015.

Social Navigator Program (SNP)



The Social Navigator Program (SNP) was piloted in July 2011. The mandate of the program is to connect and support individuals through a referral process, by engaging all 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 while improving the health, safety and quality of life for all citizens. The team is currently made up of three members including the Paramedic Social Navigator, the Social Navigator Police Officer and the Social Navigator Case Coordinator.

The development of the Social Navigator Program was developed 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 and a community based approach to policing.

The Hamilton Police Service recognized the need to assist 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 Neighborhood Renewal, the City of Hamilton Economic Development, and Emergency Medical Services (EMS), to create the Social Navigator Program (SNP) in July 2011. Originally the Social Navigator Program fell under the ACTION strategy but with the creation of the Crisis Response Unit the program has been repositioned within the organization.

The program is currently funded by multiple funding sources. The police officer is funded by the Hamilton Police Service. Fifty percent of the Paramedic Salary is funded by the Ministry of Health Long Term Care (MHLTC) and the remaining fifty percent by the City of Hamilton. The Case Coordinator position is funded through a Proceeds of Crime Grant through the Ministry of Community Safety and Correctional Services. However, this funding is not permanent and the required depth of knowledge about agencies that provide service, and the specific requirements of clients are required for the Social Navigator Case Co-ordinator to determine the appropriate agency referral.

Objectives of the Social Navigator Program:

- To improve a client's ability to access and utilize health and community services
- To improve the quality of life of clients by addressing root causes of crime (social determinants of health)
- To decrease clients' negative police contacts
- To increase collaboration between police and community services
- To enhance collaboration and coordination between enforcement, judicial system, health services, and social service providers

The combination of diverse skillsets (medical knowledge and enforcement) allows for flexible and tailored interventions in a community setting for those hardest to serve. 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 the shelters, hospitals, and the detention center.

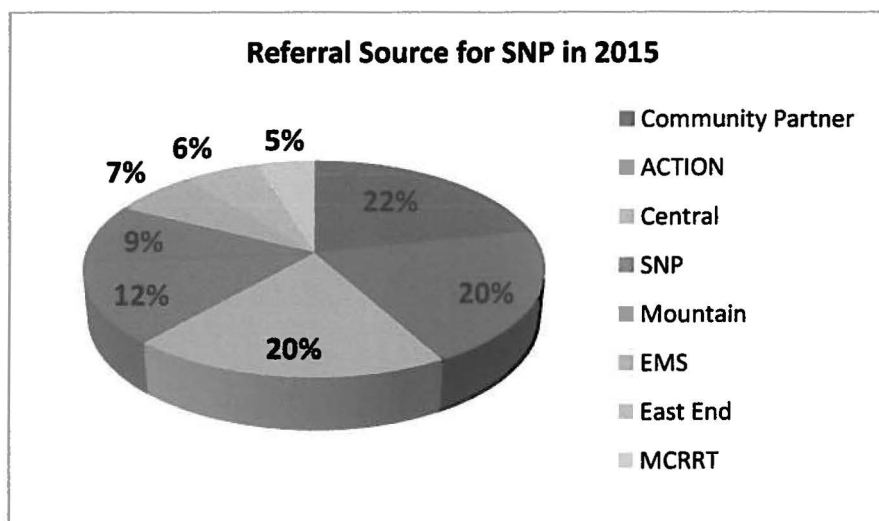
Outcomes:

- Received 148 referrals
- Had 81 active clients who were connected or reconnected to services (15 court mandated)
- SNP made 156 referrals

In 2015, 148 people were referred to SNP. Forty percent of the referrals were initiated from the ACTION Teams and Division One Patrol. During 2014 and 2015, the SNP saw an increase in the number of referrals from community partners from 5% in 2014 to 22% in 2015. The program is becoming more recognized among various community partners and service providers are seeking additional supports for hard to serve clients. From the referrals, the SNP had 81 active clients in 2015 which was an increase from 2014 which serviced 52 active clients. With the current team compliment of three working Monday through Friday from 8:00-4:00, client capacity for the program is estimated to be 60-70 clients a year.

Table 1 summarizes SNP trends since implementation

	July 2011-Dec 2012 (1.5yrs)	Jan 2013-Dec 2013	Jan 2014-Dec 2014	Jan 2015-Dec 2015
Number of referrals	U/K	91	108	148
Number of active clients	74	46	52	81
Number of new court mandated clients	3	8	8	13
Number of court mandated clients	3	10	13	15
Repeat clients	U/K	U/K	25% (13)	11% (9)
Number of clients already connected (no intervention required)	U/K	28	26	10
Number of clients that declined service	U/K	11	14	13
Number of referrals made by SNP	U/K	142	111	156



Key Difference 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	10:00am-1:00am; 7 days/wk.	24hrs crisis line Officers work between 8:00am & 12:00am; 7 days/wk. for mobile visits	8:00am-4:00pm; Mon-Fri
Key services offered	<ul style="list-style-type: none"> -Respond to urgent 911 calls -Responds to actively suicidal individuals -May assist Officers who are on a person in crisis call -May relieve uniformed Officers from hospital 	<ul style="list-style-type: none"> -Support persons in crisis through telephone support or mobile visits Client receives support, follow-up, and referrals within 24 hours 	<ul style="list-style-type: none"> -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	<ul style="list-style-type: none"> -Doesn't 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 	<ul style="list-style-type: none"> -Doesn't respond to 911 -Doesn't respond to barricaded situations -Doesn't respond to calls involving weapons -Doesn't respond to call involving actively suicidal person -Doesn't execute mental health related forms 	<ul style="list-style-type: none"> -Isn't dispatched to 911 calls -Doesn't conduct mental health assessments