Subject: CSWB 911 Action Table: Findings and Recommendations

Report to: Public Health and Social Services Committee

Report date: Tuesday, March 5, 2024

Recommendations

1. That Regional Council **REQUEST** the Province of Ontario to support investment in:

    a) A “civilian-led” or alternate / mental health-only response to mental health and addiction crisis calls;
    b) Providing enhanced and sustainable funding to close the gaps in local mental health and addiction treatment services, as identified in the Niagara Needs-Based Planning Project; and
    c) Adequate and sustainable funding for core community mental health and addiction services to support the full continuum of treatment and crisis services;

3. That Report COM 9-2024 **BE CIRCULATED** to Ontario Health for consideration; and

4. That Report COM 9-2024 **BE FORWARDED** to the Community Safety and Well-Being Advisory Committee.

Key Facts

- Beginning in 2009, the Ministry of Community Safety and Correctional Services (now Ministry of the Solicitor General) identified that police services were frequently responding to crisis situations that were non-criminal in nature. These findings were consistent across Ontario and identified a need for a collaborative service delivery model to prioritize local needs and actions to improve safety and well-being.
- In 2018, legislative amendments to the Polices Services Act mandated every municipal council to prepare and adopt a Community Safety and Well-Being (CSWB) plan.
- Niagara’s CSWB plan was launched in 2021 and identifies four areas of focus: mental health and addictions, housing and homelessness, poverty and income, and systemic discrimination.
- As one of the resulting activities, a cross-sector CSWB 911 Action Table was convened, falling under the mental health and addictions area of focus.

- The 911 Action Table assessed opportunities to streamline emergency responses and improve the service experience for those in mental health/addictions crisis, who are calling 9-1-1.
- This report responds to Council's motion, approved June 6, 2023, that directs staff, through the Action Table, to:
    - Investigate options for responding to mental health calls and crises;
    - Collect data on the number and type of mental health calls for service, and responses by specialized mental health teams;
    - Report the costs for service for each service model;
    - Recommend options to refine the triaging of calls to 9-1-1, to ensure the most appropriate response is provided; and,
    - Report back to Public Health and Social Services Committee with findings and recommendations.

Financial Considerations

Mental health and addiction crisis-based services in Niagara are currently funded from a number of different sources. As Police and EMS sought alternative delivery models to address mental health/addiction calls, they used existing funding allocations and resources in partnership with agencies who receive funding from Ontario Health. In some cases, they received offers of in-kind contributions from local health care organizations. Alternatively, some services are using granting and one time funding opportunities from upper levels of government that only support very specific models of response. There is concern that this approach results in a fragmented and largely unsustainable approach to service planning, implementation, and accountability.

Analysis

National Context

Many communities across Canada are re-examining how they respond to 911 calls related to mental health/addiction crisis. For many, this focus has been the result of changing public expectations around approaches to service and concern that responses are potentially ineffective, if not traumatic and harmful for some. In an initial move away from a police only response, earlier models of crisis response have taken the 'co-responder' approach where mental health clinicians respond to crisis calls *with* police. However, evidence suggests that the presence of a uniformed officer can sometimes

result in traumatization or escalation of a situation[1,2]. As a result, more recent approaches remove or reduce police presence at some crisis calls and utilize a civilian lead, or alternate/mental health-only response team. Presented below are two unique examples of communities across Canada shifting responses for these 911 calls.

In the City of Toronto, a pilot model demonstrating positive outcomes is the Toronto Community Crisis Service (TCCS)[1]. TCCS is a non-police response to mental health crisis calls using a trained team of crisis workers. TCCS began as a pilot in 2022 in four Toronto communities and was recently approved by Toronto City Council to expand the service throughout Toronto. The service received 6,827 calls in its first year of operations, and 78% of calls that were transferred from 911 were successfully resolved without police involvement. Additionally, community crisis teams completed 2,936 post-crisis follow-up interactions and connected 1,160 service users to case management supports. This initiative is currently funded directly by the City of Toronto.

More recently, in July 2023, the City of Ottawa approved a report recommending the implementation of the first phase of a safer alternative response program for some mental health and addiction calls[3]. Their recommendations include a non-911 number to be used as an intake, triage and dispatch system for mental health and substance use crisis related calls. They are also seeking to establish a 24/7 trauma-informed and culturally appropriate crisis response service provided by civilian-led mobile crisis response teams. They are currently in the early stages of implementation, with project launch on February 5th, 2024. This initiative is currently funded by the City of Ottawa, with a goal to transition to sustainable provincial and/or federal funding within the first 2 years or service.

---

[1] Provincial System Support Program and Shkaabe Makwa. (2023). *Toronto Community Crisis Service: One-year outcome evaluation report.* Toronto: Centre for Addiction and Mental Health.

[2] Sayid, M (2023). *Mental Health and Substance Use Crisis Response Systems- A Review of the Literature.* Ottawa ON: Ottawa's Guiding Council on Mental Health and Addictions.

[3] Taylor, S. (2023). *Community Safety and Well-Being Priority Progress Update: Safer Alternatives for Mental Health and Substance Use Crises Response.* Ottawa, ON: City of Ottawa

Local Context

Between July 2021 and May 2022, Niagara Region was a part of a Needs Based Planning (NBP) pilot project for mental health and addiction services led by Dr. Brian Rush[4]. NBP uses a systematic quantitative approach to planning mental health and substance use treatment and support systems for a community. NBP estimates the required capacity of services and supports, based on needs of the whole population, and all levels of severity and complexity of those needs. One key finding in this report is that there is a heavy reliance on crisis services in the Niagara Region. This is no doubt the result of the under supply of mental health and addiction community-based treatment resources (including evidence-based psychotherapy, Assertive Community Treatment (ACT) teams, withdrawal management and supportive housing). There is a growing concern that residents of Niagara are utilizing crisis services because the treatment services they need are not available in the community.

In Niagara, there are two specialized crisis response teams deployed through the 911 system: Mobile Crisis Rapid Response Team (MCCRT) and Mental Health and Addictions Response Team (MHART). There is also a mobile crisis support team – Crisis Outreach and Support Team (COAST) – which can be accessed by calling a 1-866 number. All service models were created with the intention of connecting individuals with appropriate levels of care, typically provided outside of the hospital or justice system, and to reduce system pressures.

Mobile Crisis Rapid Response Team (MCRRT)

MCRRT is an in-person, mobile team developed in partnership with NRPS and a local mental health/addictions agency (i.e., CMHA Niagara), staffed by one uniformed police officer and one mental health worker, typically a social worker[5], per shift. This team is dispatched through 9-1-1 and serves St. Catharines, Thorold, Niagara Falls and

[4] Pilot Site Report: Niagara Region, Ontario. *Development of a Needs-Based Planning Model for Mental Health and Substance Use Services and Supports across Canada.*

[5] Social work is a regulated health care profession. It is not clear that all individuals identifying as social workers are registered through the Ontario College of Social Workers and Social Service Workers, the regulatory body for social workers and social service workers in Ontario, and therefore may be better defined as “mental health workers” or unregulated health care workers.

Niagara-on-the-Lake seven days per week between the hours of 12:00 p.m. to 12:00 a.m. Funding is provided through Ontario Health and the municipal levy (covering the salaries of 6.0 FTE police officers, which are required as part of the normal staffing compliment).

Mental Health and Addictions Response Team (MHART)

MHART is an in-person, mobile integrated health initiative led by Niagara EMS, staffed by one primary care or advanced care paramedic and one mental health nurse provided in-kind by Niagara Health[6], per shift. This team is dispatched through 9-1-1 and is intended to serve the entire Niagara region seven days per week between the hours of 9:30 a.m. to 9:30 p.m. This program is funded through Ontario Health and the municipal levy (covering the salary and benefits of 1.0 FTE paramedic, which is required as part of the normal staffing compliment). The operating budget is relatively small as nursing support is provided in-kind.

Crisis Outreach and Support Team (COAST)

COAST is a telephone counselling service and in-person, mobile crisis outreach service which serves the entire Niagara region. Telephone counselling is provided by a local mental health/addictions agency (i.e., CMHA Niagara) and is available to anyone 16 years of age or older living in Niagara region, 24 hours a day, seven days per week by dialing a 1-866 phone number. The in-person mobile outreach team is staffed by a plainclothes police officer and one CMHA Niagara mental health worker, typically a social worker[5]. The mobile team is intended to serve the entire Niagara region seven days per week: Monday to Saturday from 12:00 p.m. to 7:00 p.m. and Sunday from 1:00 p.m. to 5:00 p.m. and can be accessed by dialing the same 1-866 phone number. In addition to calls into their 1-866 number, all mental health/addictions 9-1-1 calls involving a police response (attended to by regular officers) are referred to COAST for follow-up. COAST is primarily funded by Ontario Health, with a small portion covered by municipal levy for policing costs.

Mobile Crisis Response (MCR)

---

[6] Historically, a mental health nurse was also provided in-kind by local primary care providers (i.e., Quest Community Health Centre and Welland McMaster Family Health Team), however staff have left those roles and providers have been unable to fill their positions. Under the current model, the Niagara Health in-kind resource may be pulled back to work at the PERT unit due to hospital staffing shortages.

NRPS and CMHA have recently secured a one-time provincial grant through the Ministry of the Solicitor General (ending March 31, 2024) to support 911 calls for service involving mental health crisis. Once police have attended a mental health-related call and cleared the scene for safety risks, two mental health workers are called to attend in order to provide follow-up support and service navigation.

Methodology

By coming together as an Action Table, community partners[7] explored how to streamline emergency responses and improve the service experience for those in mental health/addictions crisis, who are using 9-1-1 as the point of entry. As part of this work, the Table had established project criteria and priorities, mapped the current state of the 9-1-1 service pathway for those in mental health/addiction crisis, identified factors which cause pain points or barriers, and have completed a root cause analysis of these factors. The project team collected data over two years, using both quantitative and qualitative[8] research.

[7] CMHA Niagara, Distress Centre/Access Line, Gillian's Place, Niagara EMS, Niagara Health, Niagara Regional Police Service, Niagara Region Community Services, Niagara Region Mental Health and Positive Living Niagara.

[8] In total, 13 interviews were completed with staff who work in Niagara EMS and NRPS communications/dispatch, MHART, MCRRT, and COAST. Focus groups were conducted with 14 frontline staff involved in the delivery of services associated with MHART, MCRRT and COAST, and with individuals with lived experience of accessing 9-1-1 while in mental health/addictions distress. Positive Living Niagara played an important role in surveying those who use substances, to ensure their voices and experiences were shared.

Data and Analysis

Number of suspected or known mental health-related 911 calls, 2020-2023

	2020	2021	2022	2023	4-year average
911 Calls Sent to Paramedics (23: Overdose/Poisoning and 25: Psychiatric/Mental Health/Suicide Attempt/Abnormal Behaviour)	6,293	7,192	6,327	6,550	6,590.5
911 Calls Sent to Police (General Mental Health, Suicide Threat and Suicide Attempt/In-Progress)	5,412*	7,403	6,933	6,726	6,618.5

*In 2020, closer accountability was placed on “Welfare Checks” to limit them to actual circumstances where a person could have suffered harm through neglect or the lack of life essentials. Previously, many mental health calls were classified as a “Welfare Check” as the questioning was much shorter and the implications for officer reporting were not as stringent. As quality assurance measures increased, so did the quantity of calls that were dispatched as “Mental Health”

Number of 911 calls dispatched/self-assigned to specialized mental health teams, 2020-2023

Team	2020	2021	2022	2023	4-year average
MHART	1,274	1,282	1,128	739**	983
MCRRT	652*	1,431	1,386	1,213	1,343.33

*2020 data is for MCRRT 1 (St. Catharines and Thorold district) only. In 2021, CMHA received funding for another MCRRT team (MCRRT 2) to cover Niagara Falls and Niagara-on-the-Lake.
**2023 is data is lower than other years as MHART was reduced to 1 FTE RN from August-December.

Average diversion rates of specialized mental health teams, 2020-2023

Team	2020	2021	2022	2023	4-year average
MHART	74.7%	77.7%	76.3%	74.7%	77.1%
MCRRT	75.8%	82.7%	86.2%	83.0%	81.9%

Annual operating budget for specialized mental health teams

Team	Annual operating budget	Source		
		Ministry of Health / Ontario Health	Municipal levy	Ministry of the Solicitor General
MHART	$233,038	$175,019	$58,019*	-
MCRRT	$1,802,085	$813,147	$942,000*	-
COAST	$1,080,091	$954,491	$125,600	-
MCR **new 2023**	$120,000	-	-	$120,000

*MHART and MCRRT municipal levy costs are the salary and benefits associated with 0.5 paramedic FTE and 6.0 police officer FTEs, both of which are required as normal staffing compliment or minimum staffing ratios to meet service standards.

Analysis

As shown in the tables above, there is a very high number of calls with suspected or known mental health/addiction concerns dispatched to 9-1-1 response teams (including EMS and Police) in Niagara. Over the last four years, the average number of suspected or known mental-health related calls to Police and EMS were similar in volume (EMS = 6,590.5, Police = 6,618.5). When examining calls dispatched to specialized mental health teams, MCRRT was assigned a higher number of calls over the four-year period, however this is likely due to a reduction in resources for MHART for almost half of 2023. Overall, both teams are seeing high diversion rates from hospital (MHART 77.1%,

MCRTT 81.9%). Average diversion rates for responses involving first responders only, is not available as this data is not currently being tracked.

The following are the Action Table Findings and Recommendations:

1. To disrupt the overuse of emergency services, priority should be placed on significant investments in community-based, treatment-focused mental health and addictions services.

2. A recent successful SOLGEN grant demonstrates willingness and interest by NRPS and CMHA to consider how to divert 9-1-1 calls to a civilian-led or alternate / mental health-only response team. Niagara EMS is also interested in making use of an alternate service model in an effort to reduce offload delay pressures and has greater flexibility to do so with recent changes to the MPDS for Determinant 25. For low to medium acuity mental health/addiction calls requiring an in-person response, it is recommended that CSWB and current service providers explore opportunities to implement a 24/7, region-wide, civilian-led or alternate/mental health only response team, particularly in light of promising outcomes from a similar Toronto pilot.

3. While there are opportunities to streamline Niagara's approach and reduce pressures on hospitals and first responders, it is recognized that there will always be a need for a traditional response (police and EMS) for high-risk mental health**/**addiction calls[9]. To the extent possible, it is recommended that specialized mental health response teams are **not** sent to P1 or P2 calls[10] as there is rarely an opportunity for diversion.

4. Not all calls that come into 911 require emergency responses. Many calls (approximately 4,000 last year to NRPS alone) were individuals looking for

[9] It is important to note that a portion of these responses, even if a civilian led alternative were available, would still require some level of uniformed response if there were concerns regarding injury and potential risk to self of others.

[10] P1 calls are classified by NRPS as "Urgent: Life threatening, imminent danger" and by NEMS as "Emergency: Time critical". P2 calls are classified by NRPS as "High Risk: In progress crimes against people, weapons, threats of weapons, physical violence" and by NEMS as "Emergency - Time important, but not critical".

information on how to navigate services in community. It is recommended that current service providers explore opportunities to better help these callers (General Mental Health P6 calls for police, and Determinant 25 P5 calls for paramedics) navigate community-based mental health/addiction services (e.g., Access Line).

The Action Table offered other opportunities for improvement to include:

5. General training is offered to dispatchers on mental health and substance use/addictions, with a specific focus on suicide intervention, to support with navigating conversations with individuals with suicidal ideation.

6. Continuing to provide access to CIT (Crisis Intervention Team) training for first responders and identify opportunities to support harm reduction and substance use/addictions training beyond administering Naloxone.

7. Improving integration of technology between NRPS and NEMS to support sharing of information.

Measuring Success

It has been suggested that if upstream treatment was available, and if the recommendations herein were advanced, the following improvements could be realized:

- Decreased need for Police and/or EMS involvement in mental health/addiction calls, resulting in a reduction in offload delays
- Increased diversion from hospital, reducing pressures on emergency department
- Reduced number of repeat callers through connection to treatment or appropriate community services

Alternatives Reviewed

An alternate recommendation is to continue with existing services in place. Existing services utilize funding from multiple different sources, including one-time grants, which is fragmented and poses challenges for sustainability. Additionally, these services use the 'co-responder' approach, and yet evidence indicates that the presence of a uniformed officer for all calls has potential to traumatize or escalate crisis. Promising evidence from TCCS shows that a civilian-led mental health response can be effective for some calls. In Niagara, a civilian-led or alternate/mental health-only response team

would seek to streamline response to mental health and addiction calls, improve service users' experience, and decrease overreliance on first responders.

Relationship to Council Strategic Priorities

This recommendation falls within CSWB's mental health and addictions area of focus. As per legislation within the Police Services Act, all municipalities are required to adopt a CSWB plan. Additionally, this recommendation is aligned to Council's strategic priority of ensuring an "Equitable Region" by listening and responding to community needs and planning for future growth.

Other Pertinent Reports

- CAO 12-2021: Niagara's Community Safety and Well-Being Plan, 2021-2025
- PHSSC Presentation, Status Update: Mental Health and Addictions Working Group (Niagara Ontario Health Team), May 9, 2023
- PHSSC Presentation, Community Safety and Well-Being Planning in Niagara, June 6, 2023

Prepared by:
Alison Chambers
Program Manager, CSWB
Community Services

Recommended by:
Adrienne Jugley, MSW, RSW, CHE
Commissioner
Community Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michelle Johnston, MA, Program Manager, CSWB and reviewed by Sandy Dupuis, Manager of Compliance and Community Engagement.