



## REPORT TO THE POLICE SERVICE BOARD

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Author: A/Inspector Hoover

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Title: DRPS Involvement with Occurrences Related to Mental Health

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### RECOMMENDATION

The report is received for information purposes.

### EXECUTIVE SUMMARY

#### **Mental Health Support Unit (MHSU)**

##### **Partnerships:**

In 2017, the DRPS Mental Health Support Unit (MHSU) collaborated with the Central East Local Health Integrated Network (LHIN) and Lakeridge Health. Under this partnership, the Central East LHIN and Lakeridge Health provided Registered Nurses (RNs) to work alongside Police Constables from the Mental Health Support Unit.

On August 21, 2017, the program was initiated, with two RNs working directly with two officers forming the Mental Health Support Unit.

In late 2020, the Region of Durham and the Central East LHIN (now known as Home and Community Care Supports Services Central East—HCCSS) approved three additional RN positions to increase the MHSU's coverage, flexibility, and mobility. DRPS committed to providing an additional three Police Constables to complement the RNs.

Currently, there are five Mental Health response teams, each consisting of a Police Constable and a Lakeridge Health Registered Nurse. The MHSU has expanded coverage to seven days a week, allowing for increased coverage and support across the Region of Durham.

MHSU covers three shifts: 0700-1900 hours, 1200-0000 hours, seven days a week, and Monday through Friday, 0800-1600 hours. This allows for periods of team overlap to provide additional MHSU support and coverage throughout the Region.

In the summer of 2021, Lakeridge Health provided the addition of an Addictions Counsellor to support MHSU and members of the community. This position functions as part of the Lakeridge Health Community Treatment Team and supports individuals referred by the MHSU upon their consent. The Addictions Counsellor is an ongoing resource for MHSU for addiction-based support

and referrals. Approximately **45** (50) community members have been referred to the Addictions Counsellor this year.

The Addictions Counselor has also been invited through MHSU to attend the Education and Training Centre to provide education to recruit classes in the Mental Health Responding Officer course. This has been beneficial in raising awareness of resources and supports in the Region of Durham and learning about various components of addiction.

### **MHSU mandate:**

The primary function of the MHSU is to connect with individuals and/or their various supports to provide guidance, referrals and support, as well as facilitate mental health diversions and follow-up. This can occur either by phone or in person with individuals in the community who have been identified through interactions with the police as requiring assistance with mental health-related matters. The MHSU members sometimes connect on more than one occasion to ensure the individual(s) are informed and are available as a resource for members of our community. Individuals and partner agencies from across the Region often connect directly with members of MHSU to request assistance and support.

MHSU teams also provide direct support to front-line uniform officers who have been dispatched to Person in Crisis (PIC) calls. This can range from providing telephone/radio advice for the front-line officers to the MHSU team attending the scene and even taking over the call for the RN partners once it has been determined it is safe to do so.

When an MHSU team engages with a PIC, this often results in some manner of a mental health crisis diversion to eliminate a Mental Health Apprehension where appropriate. This is often accomplished by providing guidance and support to the individual through the engagement of community partners and resources.

MHSU members attend community events to provide education and engage with attendees to discuss the many components and nuances related to mental health. The teams also attend front-line uniform parades to discuss current trends, provide advice, and answer officers' questions. MHSU attended **42** community engagement and DRPS events in the noted time period.

MHSU members are additionally contacted through various internal specialty units and Supervisors to provide guidance, support, and referrals to individuals with whom they are engaging. This has proven beneficial on numerous occasions to ensure individuals are receiving appropriate services from DRPS.

Between September 1<sup>st</sup>, 2023, and August 31<sup>st</sup>, 2024, 5481 (4626) General Occurrence reports were submitted with the Mental Health Study Flag, which creates a notification within the MHSU workflow. MHSU members review these reports to determine if further follow-up is required and assign them to MHSU members where appropriate.

Members of MHSU coordinate responses with members of the DRPS Older Adult Support and Investigative Services Unit (OASIS) and engage with many of the community response teams to coordinate, avoid duplication of services, and identify gaps in service. This optimizes resources

and is beneficial for the involved individuals. It is done with the consent of the impacted individuals to provide the best outcomes.

MHSU began collecting operational data on Jan. 5, 2023, through a Dashboard specific to MHSU interactions and reports.

Between September 1, 2023, and Aug. 31, 2024, MHSU officers authored 1546 reports and engaged with 576 distinct individuals, for a reported total of **1655** documented service hours.

### **Mental Health Support Unit – Repeat Callers/Familiar Faces**

The MHSU has a number of repeat callers (also referred to as Familiar Faces) with whom it interacts frequently. These callers often engage 911 and front-line resources when it may be unnecessary to do so. MHSU members attempt to engage with these individuals when it is appropriate to keep front-line officers available to answer priority calls for service.

This involves working in collaboration with Communications Dispatchers and Switch Board Operators who have become familiar with many repeat callers. There is an informal process through Communications to notify the on-duty MHSU Officers if these individuals call 911 or switchboard if the nature of the information obtained during the phone call does not meet the threshold of a uniform response. This process is being reviewed to ensure this is not enabling individuals to continue making calls to MHSU instead of utilizing community resources or their support systems/care plans, which can occur if not monitored. This current system remains fluid in assessing what changes are required to provide support while optimizing the usage of MHSU for front-line response and follow-up.

Engagement with the Familiar Faces can involve a member of MHSU making a phone call to the individual, making an in-person visit, or notifying the appropriate community partner to engage with the individual. Some of these individuals call 911 multiple times daily and persist until they receive follow-up with the MHSU teams or front-line uniform response. This is not an appropriate use of 911; education and appropriate boundaries/limitations are attempted with some individuals, working within their ability to understand and comply.

MHSU officers spend many hours (sometimes daily) trying to resolve and collectively work through issues or situations the person may be dealing with or wanting to talk about with an RN or MHSU Officer. Phone calls can last upwards of an hour, and in-person visits may last even longer. Spending this time can prevent further calls to the police that day or even that week, but this can fluctuate, depending on the involved individual.

Upon review of the MHSU-related dashboard, during the report time frame, MHSU members spent **362** hours of documented engagement with the top five Familiar Faces, with two individuals accounting for **315** hours (**87%**) of the total time.

Between September 1, 2023 – August 31, 2024, the top five Familiar Face individuals had **545** documented encounters with MHSU. Of these five persons, the top two individuals encompassed most of the interactions, with 478 engagements (**88%**).

It is noted that one of the top two referenced Familiar Faces, who occupy so much of the MHSU unit time, has also been apprehended under the Mental Health Act 53 times within this report time frame, with documented waiting hours at the hospital of **86 hours**. This statistic is being used to highlight how one complex individual with mental health concerns can become a heavy utilizer of police resources.

Concerted efforts are being made to involve and include the community services and support these individuals receive to decrease their engagement with DRPS and MHSU. However, these individuals are complex with multiple morbidities, which increases the challenges with boundary setting, care plans and case management, which can make it difficult to remain consistent. Collaboration with community partners and service partners is imperative to decrease the overuse of DRPS and MHSU resources. This work is ongoing with the individuals and partners.

The functionality of MHSU to support equitably across the Region is significantly impacted by the time spent responding to Familiar Faces.

MHSU continues to collaborate with partner agencies, including Lakeridge Health, Durham Mental Health, Ontario Shores, and many others, who are also supporting Familiar Face individuals. The majority of these individuals receive support from community partners, causing duplication in service/resources.

As mentioned above, most Familiar Faces have complexities that complicate the ability to streamline responses. The individuals also need to desire and be able to follow a care plan or boundaries. The individual's commitment can differ in response at any given time, which creates difficulties in management and consistency in response. Even though this can be challenging, MHSU is committed to supporting all individuals and will always look for opportunities to collaborate and learn best practices to support Familiar Faces.

### **Mental Health Act: Apprehension Summary**

The following numbers are based on the 12-month period from September 1<sup>st</sup>, 2023 to August 31<sup>st</sup>, 2024. The numbers in parenthesis represent previously reported values (September 1<sup>st</sup>, 2022 – August 31<sup>st</sup>, 2023).

There were **972** (1363) calls for service with Mental Health Apprehensions (MHA) as the final call type and **5481** (4719) general occurrence reports identified as mental health-related. The average number of MHA calls and MH-related reports for the service was **81** (113) and **457** (385) per month, respectively.

There were **3298** (2654) apprehensions under the Mental Health involving **2310** (1949) distinct individuals with **585** (380) of these persons apprehended more than once during the 12-month period.

Of the individuals who were apprehended on more than one occasion, they accounted for **1573** (1086) Mental Health apprehensions (MHA), which translates to **48%** (41%) of all apprehensions in the 12-month time frame.

**3298** Mental Health Apprehensions between September 1, 2023, and August 31, 2024, averaged **9.04** (7.27) daily apprehensions.

Incidents involving a Mental Health Apprehension (MHA) were categorized most commonly as “Suicide/Suicide Attempt” - **33.6%** (1.81%), “Mental Health Act” - **25.4%** (91.64%), “Check on Wellbeing” – **7.2%**, “Assist Ambulance” - **6.5%**, and “Arrest – Committal/Warrants” – **5.6%**.

### **Crisis Call Diversion Program**

DRPS successfully received funding from the Police Services Board to create a Crisis Call Diversion (CCD) Program, which launched on October 26, 2022.

DRPS partnered with Lakeridge Health to co-locate 2.5 Mental Health Clinicians (MHC) in the Communications Centre between 1000 – 2200, 7 days a week. The scheduled working hours were developed through an assessment of peak times for calls for service involving mental health and persons in crisis-related calls at the time of the proposal.

The goal of CCD is to divert non-imminent risk 911 calls from a police response to a Mental Health Clinician to de-escalate, provide crisis intervention, and refer callers to community supports. This permits callers to receive support and allows front-line officers to attend other calls for service. It can also be used for non-emergency calls for service to divert to an MHC, where applicable, with the caller's consent.

The Mental Health Clinician also completes follow-up engagement with individuals to ensure action plans and care plans are in place and community supports are utilized. This is done through Lakeridge Health and does not involve DRPS regarding diverting from a police response.

Between September 1, 2023, and Aug. 31, 2024, the Communications Dispatchers deemed 486 (947) calls eligible for the CCD program. Of those calls, **292** (583) calls were successfully connected to a Mental Health Clinician.

Of the CCD-eligible calls that were sent to an MHC upon the caller's consent, 210 (410) were successfully diverted, with only the MHC engaging the caller and no requirement for a police response, 43% (43%) of all CCD-eligible calls.

Notably, familiar faces comprise most of the CCD calls in which mental health clinicians engage with individuals based on DRPS data. Between September 1, 2023, and August 31, 2024, the top 10 callers (determined by address – calls deemed eligible for CCD do not have initial detailed person information collected through DRPS – Lakeridge Health collects this) accounted for 49 % of all CCD-eligible calls, with **236** of the 486 CCD eligible calls.

The MHC strives to set boundaries, care plans, and case management for individuals in a manner appropriate to their specific circumstances. There is no clear pathway to stop an individual from calling and engaging the CCD program.

With Lakeridge Health as the health care partner in both the MHSU and CCD, Lakeridge Health has an opportunity to collaborate with its RNs and MHCs to create care plans for consistent responses to familiar faces. As Lakeridge Health also has Durham Mental Health Services, a

community-based service provider, under their umbrella, they can also look for opportunities to expand the engagement of their resources and divert from police response and attendance at calls.

As mentioned last year, DRPS has identified this opportunity to address system gaps and barriers for Lakeridge Health. Lakeridge Health will continue to make a concerted effort to minimize duplication among the Familiar Faces utilizing both programs.

\*\*\* The Previous numbers in brackets are from October 26, 2022 (when CCD started) to August 31, 2023; they should not be used as a direct comparison.

### **Project Upstream**

In 2022, the Community Safety Unit received provincial funding through a Community Safety and Policing Grant Program for a three-year cycle ending March 31, 2025. This led to the creation of Project Upstream.

Under Project Upstream, a Civilian position called a Community Safety Specialist was created. The position focuses on four priority areas: mental health, addiction, homelessness, and victimization, as identified in Durham Region's Community Safety and Well-Being (CSWB) Plan. This position identifies opportunities to create awareness, education, and policy for DRPS to align with the provincially mandated CSWB.

The Community Safety Specialist role is designed to assess opportunities to divert community members from a police response through collaboration with community partners and individuals. These individuals are identified through internal referrals and review of police reports.

The Community Safety Specialist position actively participates in committees and working groups representing DRPS, providing a consistent contact person for DRPS partners and stakeholders.

Moving forward into 2024, this position will also be utilized as a direct bridge with Victim Services of Durham Region, an important partner and support to DRPS. This will help ensure that even more individuals in the community are identified at the earliest opportunity to receive the many supports offered through Victim Services.

### **Military Veteran Wellness Program:**

On September 8, 2022, the Toronto Police Service created a Military Veteran Wellness Program (MVWP) in response to challenges faced by Veterans. The Community Safety and Well-Being Unit researched this program, which has expected outcomes to decrease veteran homelessness and suicide. A proposal was created and approved by the DRPS Executive Leadership to bring this program to DRPS.

If a DRPS member encounters a Military Veteran who meets the program's parameters, they may be referred to the MVWP upon their consent. Once the form is completed and submitted by DRPS, the Veteran can expect contact from one of the national services within 72 hours of the police referral. The referral process and follow-up will be completed by the Community Safety Specialist.

The program aims to offer support services to Veterans in crisis. The ultimate outcomes of the MVWP are to:

- Decrease in Veteran homelessness and suicide
- Dignity and prosperity for all our Canadian Armed Forces Veterans
- Increased public safety for all communities across Canada

The MVWP was established to equip frontline officers with increased awareness and training to enhance their recognition and understanding of military veterans' issues, build rapport, and provide a formal mechanism to connect military veterans with essential social services.

This program is expected to be initiated within the next few months, in partnership with support programs for Military Veterans provided through various agencies across Durham Region. DRPS will expand the program by collaborating with regional housing partners related to follow-up support and data tracking for evidence-based outcomes.

The Community Safety and Well-Being Unit intends to implement an Internal Support Network (ISN) for DRPS veteran members, supported by the Equity and Inclusion Unit, in recognition of the unique challenges that can arise as a result of Military Service.

Members who have lived and lived Military experience will also be selected as peer support and champions of the MVWP.

### **Mental Health Response Training:**

The Education and Training Centre (ETC) continues to deliver the Mental Health Response Officer (MHRO) training to all new recruits in partnership with MHSU upon graduation from the Ontario Police College (OPC).

Since this training was implemented in September 2020, all DRPS recruits have received this training.

Between August 31, 2023, and September 1, 2024, 62 DRPS members completed the MHRO training, bringing the total number of members who have received this training to 564.

\*All mental Health and Crisis Call Diversion statistics have been taken from the Community Safety and Well-Being Unit Dashboards, which draw information through CAD and Versadex.

## Report Approval Details

Document Title:	2023 Mental Health Occurrences .docx
Attachments:	
Final Approval Date:	Oct 8, 2024

This report and all of its attachments were approved and signed as outlined below:

Chris Kirkpatrick

A handwritten signature in black ink, appearing to read "Peter Moreira", with a stylized flourish at the end.

Peter MOREIRA