




HAMILTON POLICE SERVICE INFORMATION REPORT

TO:	Chair and Members Hamilton Police Service Board
BOARD MEETING DATE:	May 21, 2026
SUBJECT:	2025 Year End Report – Crisis Response Branch
REPORT NUMBER:	26-042
PRESENTATION:	Yes
OUTSTANDING BUSINESS ITEM:	No
SUBMITTED BY:	Frank Bergen, Chief of Police
SIGNATURE:	

EXECUTIVE SUMMARY

This report provides an overview of the Crisis Response Branch and Hamilton Police Service's response to persons experiencing mental illness or crisis, as well as other high needs, marginalized and vulnerable individuals.

APPENDICES ATTACHED

Appendix A – 2025 Crisis Response Branch Annual Report

FB/D. Hennick

- c: Paul Hamilton, Deputy Chief – Support
- David Hennick, Superintendent – Community Safety Division
- Frank Miscione, Inspector – Community Mobilization

Vision: To be a trusted partner in delivering public safety.

Mission: To serve and protect in partnership with our communities.

Our Values: Compassionate, Dedicated, Inclusive, Integrity, Innovative, Professional, Teamwork

2025

Crisis Response Branch Annual Report - Appendix A

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POLICE SERVICE**
Together. Stronger. Safer.

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Executive Summary

Crisis Response Branch (CRB) – 2025 Year-End Report

In 2025, the Crisis Response Branch (CRB) continued its commitment to providing critical support to individuals experiencing mental health crises, high-needs populations, and vulnerable individuals in the City of Hamilton. Through collaborative partnerships, evidence-based strategies, and innovative programs, the CRB has enhanced its ability to de-escalate crises, reduce hospital apprehensions, and connect individuals to essential community services.

Mental Health Crisis Response

- The Mobile Crisis Rapid Response Team (MCRRT) responded to 3263 mental health calls with a 15.4% apprehension rate, nearly identical to 2024.
- During the 2025 reporting period, the average hospital wait time per patient was 0.98 (58 minutes), a slight increase from 0.89 hours (53 minutes) in 2024.
- The Crisis Outreach and Support Team (COAST), which provides non-urgent crisis response, received 19,968 calls to the COAST crisis hotline, the outreach team conducted 765 mobile visits, and made 71 community referrals in 2025. The Co-Response model continues to be utilized, enabling mental health workers to attend low-risk calls without police presence.

Social Navigator Program (SNP) & Rapid Intervention and Support Team (RIST)

- In 2025, SNP/RIST engaged with 913 unique individuals and provided 11,949 services, including transportation, referrals, identification support, harm reduction, and first aid.
- 627 external referrals were made, with the highest categories being housing support (113), shelter (85) and primary care or shelter health network connections (83).
- Encampment Engagement Team (EET), expanded to six officers in 2025, conducted 3151 site visits, assisted MLE in issuing 1239 compliance notices, and assisted City of Hamilton Parks teams with encampment cleanups while ensuring public safety.

Program Enhancements & Community Engagement

- The SNP implemented a new strategy focused on case file management of the highest utilizers of 911 and emergency services (High Users of Service or HuOS), rather than broadly addressing the hundreds of individuals encountered in the community or referred through other means.
- The EET expanded its team from two to six constables – enabling the team to address a rise in public complaints, safety concerns and high numbers of unhoused individuals in the community.
- The SNP Annual Winter Coat Drive distributed 323 coats, 118 winter accessories (i.e. gloves and scarves) and 245 warming items (i.e. hand/foot warmers) to community members in need.

Conclusion

The CRB has reinforced Hamilton Police Service's commitment to mental health crisis response, harm reduction, and community safety. By leveraging strong partnerships with St. Joseph's Healthcare, EMS, community agencies, and outreach teams, the CRB ensures a coordinated, compassionate, and effective approach to supporting vulnerable individuals. Continued innovation and community-driven models will further enhance service delivery in 2026 and beyond.

Background

The Hamilton Police Service (HPS) Crisis Response Branch (CRB), in collaboration with various community agencies, has developed multiple initiatives to support vulnerable and marginalized individuals, including those experiencing mental health challenges.

Established in April 2015, the CRB was created by merging three key programs:

- Crisis Outreach and Support Team (COAST): A partnership between plainclothes police officers and mental health professionals from St. Joseph's Hospital.
- Mobile Crisis Rapid Response Team (MCRRT): A collaboration between uniformed police officers and St. Joseph's Hospital mental health workers.
- Social Navigator Program (SNP): A joint effort involving uniformed police officers and Emergency Medical Services (EMS) paramedics.

In 2022, the CRB expanded to include:

- Rapid Intervention Support Team (RIST): A partnership between uniformed police officers and eleven members from ten community outreach organizations.
- Encampment Engagement Team (EET): A pilot program that supports Municipal Law Enforcement Officers (MLEOs) with dedicated police officers.

These programs have successfully reduced the number of individuals being taken to hospital emergency departments while increasing connections to social service agencies. As a result, they have lowered apprehension rates, enhanced client care, and alleviated pressure on both the judicial and healthcare systems.

The CRB operates under the supervision of the Superintendent of the Community Safety Division.

Mobile Crisis Rapid Response Teams (MCRRT)

The Mobile Crisis Rapid Response Team (MCRRT) began as a pilot project from November 2013 to April 2015. The Local Health Integration Network (LHIN) provided funding for five mental health workers to collaborate with police officers in a first-response capacity. Initial results demonstrated positive outcomes, including reduced apprehension rates for individuals in crisis and shorter wait times for both police officers and clients in emergency departments. Due to these efficiencies and cost savings, the program transitioned into a full-time partnered response.

On April 12, 2015, a full-time MCRRT program was officially launched. It now operates with four teams per day, each consisting of a mental health clinician and a Crisis

Intervention Trained (CIT) uniformed police officer. Currently, the program has eight full-time mental health clinicians and eight full-time police officers, providing coverage from 08:00 to 04:00 daily.

Funding for the police officers is provided through the Community Safety and Police Grant from the Ministry of The Attorney General. Funding for the mental health clinicians is supplied by St. Joseph's Healthcare Hamilton and the Greater Hamilton Health Network.

Deployment Schedule

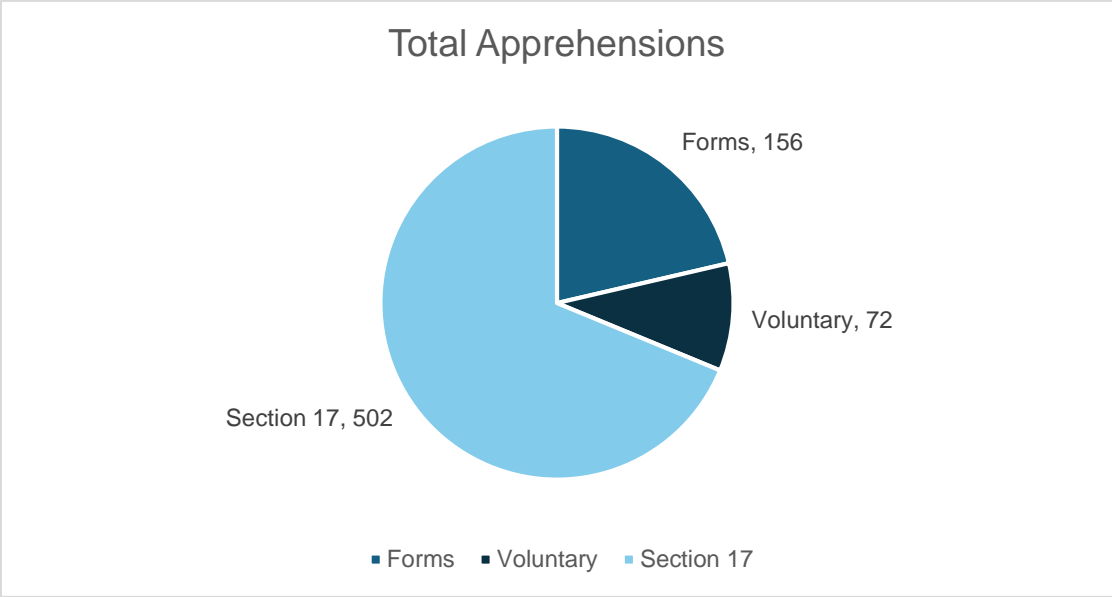
- Team #1 – 08:00 to 20:00
- Team #2 – 10:00 to 22:00
- Team #3 – 13:00 to 01:00
- Team #4 – 16:00 to 04:00

Calls for Service (2025)

Between January 1, 2025, and December 31, 2025, MCRRT was operational 365 days and responded to 5,389 calls for service, including both persons in crisis (PIC) and non-PIC calls.

- 3,263 of the 5389 calls involved a person experiencing a mental health crisis and required an immediate response. The remaining 2126 calls were a mix on non-pic related police calls where members of MCRRT may have responded. Some were proactive engagements or follow-ups with people in the community.
- Uniformed patrol officers across all three divisions responded to an additional 3,957 calls involving a person in crisis resulting in 1573 persons taken to hospital. 1266 of those were MHA Section 17 Apprehensions. This represents a 32 percent apprehension rate for non MCRRT officers.
- Below is a breakdown of the 730 individuals that were transported to the hospital for assessment by MCRRT teams (under Section 17, Form, or voluntarily):
 - 502 individuals were apprehended under Section 17 of the Mental Health Act.
 - 72 individuals were transported voluntarily.
 - 156 individuals were taken to the hospital on the strength of a Form (*Form 1, Form 2, Form 9, or Form 47*).

Figure 1: Total MCRRT Apprehensions 2025



Mental Health Act (MHA) Section 17 Apprehensions

The majority of individuals brought to the hospital for assessment are transported due to police officers forming grounds for an apprehension under Section 17 of the Mental Health Act (MHA).

It is important to note that MHA Section 17 apprehensions are not arrests. Instead, they grant police officers the legislated authority to transport a person to a Schedule 1 facility for a mental health assessment if the criteria outlined in the Act are met.

Conditions for Apprehension under Section 17 of the MHA:

A police officer must have reasonable and probable grounds to believe that an individual is acting or has acted in a disorderly manner and has reasonable cause to believe that the person:

- (a) Has threatened or attempted, or is threatening or attempting, to cause bodily harm to themselves.

- (b) Has behaved violently or is behaving violently toward another person, or has caused or is causing another person to fear bodily harm.
- (c) Has demonstrated or is demonstrating an inability to care for themselves.

In addition, the officer must be of the opinion that the individual is suffering from a mental disorder that will likely result in:

- (d) Serious bodily harm to themselves.
- (e) Serious bodily harm to another person.
- (f) Serious physical impairment.

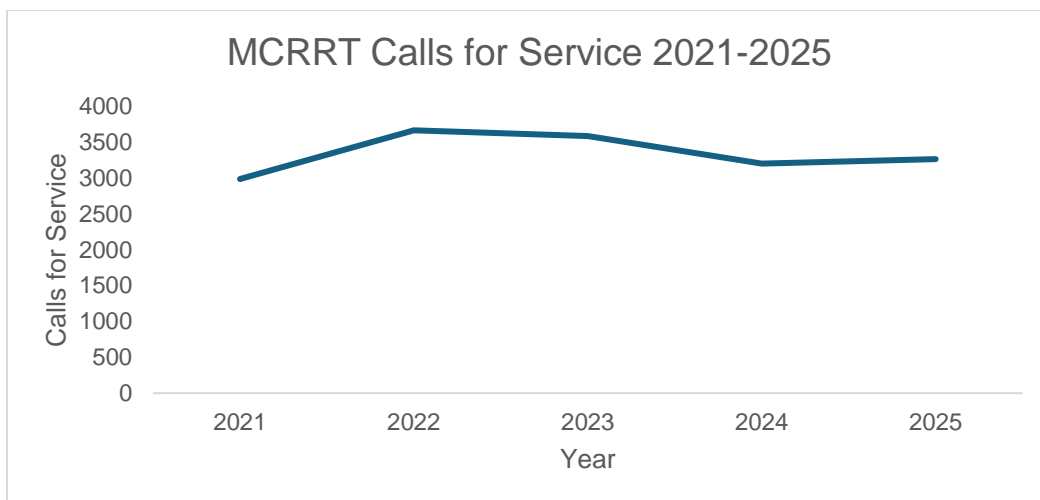
If these conditions are met and proceeding under Section 16 is deemed too dangerous, the police officer may apprehend the individual and transport them to an appropriate facility for examination by a physician.

MCRRT Calls for Service (2021-2025)

The table below reflects MCRRT call volumes over the past five years, showing a slight increase in 2022 and 2023 before returning to pre-2022 levels in 2024. Note: these are calls for service that relate to a person in mental health crisis only.

Year	MCRRT Calls for Service
2021	2,986
2022	3,665
2023	3,585
2024	3,200
2025	3,263

Figure 2: MCRRT Calls for Service



Apprehension Rate

In 2025, the apprehension rate for calls responded to by an MCRRT team was 15.4%. The apprehension rate is calculated as the number of Section 17 apprehensions (502) divided by the total number of persons in crisis (PIC) calls for service (3263). Note that although 730 people were taken to hospital by MCRRT teams only 502 of them were apprehensions made by MCRRT teams through a Sec.17 assessment. The other 228 people were either on a MHA form for apprehension already or were voluntary.

To compare this with the rest of the front line officers serving on the road in three divisions, non MCRRT officers responded to 3957 calls for service and apprehended 1573 people, of which 1266 were MHA Sec 17 apprehensions. This comparatively is a 32% apprehension rate which is double the rate of the MCRRT teams.

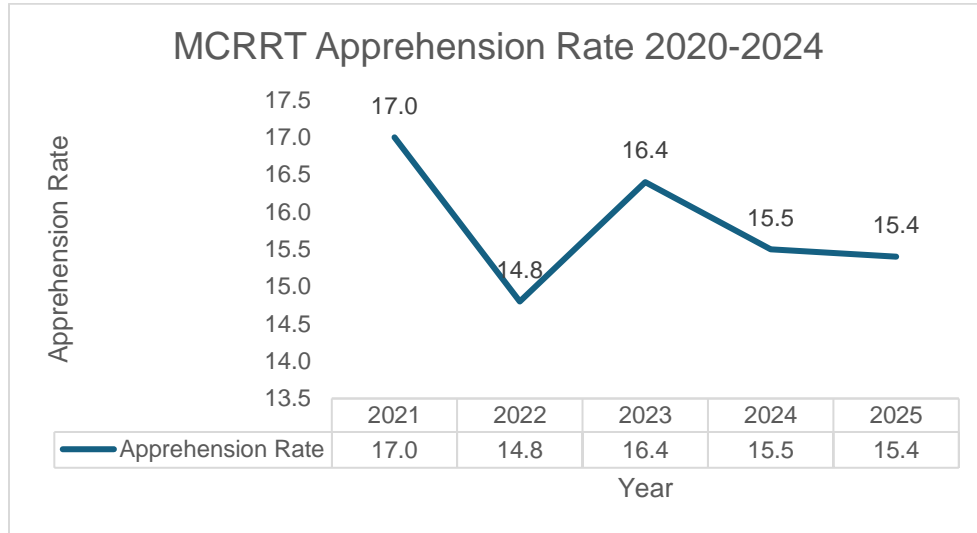
The reason for less apprehensions by MCRRT teams can be contributed to by the following:

- Qualified personnel making informed decisions based on the nature of the incident.
- Comprehensive client assessments at the initial response stage.
- Improved community connections and community services through the Rapid Intervention and Support Team (RIST).

This approach ensures that individuals most in need are transported to the hospital for assessment, while those who can be supported in the community are connected with appropriate services.

By implementing de-escalation strategies and diverting individuals to community resources, MCRRT teams have reduced the number of people brought to emergency departments, alleviating pressure on the healthcare system.

Figure 3: percentage of MHA apprehensions by MCRRT (2021-2025)



Hospital Wait Times

When a person is apprehended under Section 17 of the Mental Health Act, they are transported to St. Joseph’s Hospital Emergency Room. Upon arrival, the officer remains with the individual in the waiting room until they progress through triage and receive an assessment by a physician.

During the 2025 reporting period, the average hospital wait time per patient for MCRRT teams was 0.98 hours (58 minutes), an insignificant increase from 2024.

From 2019 to 2020, hospital wait times showed a downward trend, largely due to regular efficiency meetings between police and hospital staff. However, the COVID-19 pandemic placed additional strain on hospital resources, leading to a peak in wait times in 2022.

Through continued collaboration with St. Joseph’s Hospital and MUMC, as well as the implementation of a Special Constable “relief protocol” at hospital, wait times have continued to decrease in the latter part of 2025 – showing improvement from the earlier parts of the year during program implementation.

Special Constable Hospital Relief Program.

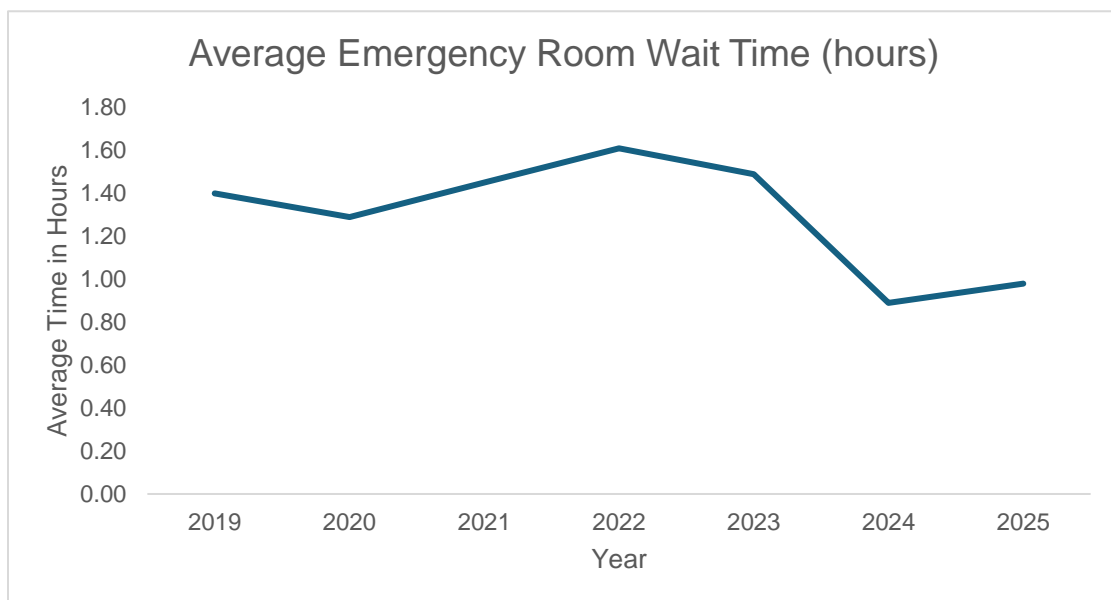
Midway through 2025 the Hamilton Police Service were successful in obtaining a Community Safety and Policing Grant from the Ministry of the Solicitor General. This grant allowed for the addition of 8 Special Constables to cover 24-hours a day within the City for many tasks, one of which is to relieve our officers at the hospital when they apprehend someone in the community. This transfer of custody began in mid June 2025

and has saved many hours of front line officer time and allowed them to return to front line patrol right away.

Since the program was fully in-place on June 15th 2025 to the end of the year December 31st 2025:

- The Special Constable Units have totaled 1076.0 hours on 555 dispatched Hospital PIC Calls
- The Special Constable Officers (2) have totaled 2122.4 hours on 555 dispatched Hospital PIC Calls

Figure 4: Average Emergency Room Wait Times



Crisis Outreach and Support Team (COAST)

The COAST program was established in 1997 as a partnership between Hamilton Police Service and St. Joseph’s Healthcare Hamilton, following the Zachary Antidormi inquest.

COAST enables individuals in mental health crisis to remain in their environment whenever possible by providing accessible social services, including:

- 24-hour crisis telephone support
- Mobile outreach assessments and interventions
- Linkages to community resources

- Education and support for individuals and families

The COAST team consists primarily of St. Joseph's Healthcare employees, including:

- Six triage workers handling crisis calls
- Four mental health workers responding to calls, either independently or with a police officer
- As of 2025, one (1) full-time COAST police officer, conducting scheduled mobile visits five days a week (Monday to Friday - 8 AM – 4 PM)

COAST also has after-hours support via its 24-hour crisis line, with additional coverage on weekends provided by MCRRT resources.

COAST 2025 Statistics

Between January 1 and December 31, 2025, COAST:

- Received 19,968 crisis line calls
- Conducted 301 mobile visits without police
- Conducted 464 mobile visits with a COAST police officer
- Made 71 community referrals
- Spent 14 hours in the hospital attending with clients

Hospital Visits by COAST in 2025

Of the nine (9) times COAST transported a client to the hospital:

- 6 clients were apprehended under Section 17 of the Mental Health Act
- 1 client was already under a Mental Health Act form requiring apprehension
- 2 clients voluntarily attended the hospital

When meeting with clients, COAST conducts assessments to determine the presence of acute mental health conditions. If required, the team makes referrals to ensure continuity of care and community support.

COAST Co-Response Implementation

In 2024, St. Joseph's Healthcare introduced the Co-Response Model as part of the COAST program. This approach allows mental health workers to respond without police presence to low-risk mental health calls.

To ensure safety, HPS has trained mental health workers in situational awareness for calls attended without police support.

Social Navigator Program (SNP)

The Social Navigator Program (SNP) was launched in 2011 as a collaborative effort between Hamilton Police Service, City of Hamilton Neighbourhood Renewal, Economic Development, and Emergency Medical Services (EMS).

Originally part of the ACTION strategy, SNP was repositioned under the Community Mobilization Division in 2017, with a full-time SNP Coordinator added. In 2023 the SNP further expanded to include the RIST team, added an Assistant Coordinator role and was housed within the Community Safety Division.

SNP Mandate

SNP's goal is to reduce reliance on the judicial and healthcare systems by connecting at-risk individuals with appropriate social and healthcare agencies in Hamilton.

The SNP includes the following team members:

- Social Navigator Paramedics (6)
- Social Navigator Police Officers (5)
- SNP Coordinator and Assistant Coordinator

Since its launch, SNP has expanded to accept court-mandated clients and referrals from community partners, including shelters, hospitals, and detention centers.

Rapid Intervention and Support Team (RIST)

In 2022, HPS secured Community Safety and Policing (CSP) grant funding to enhance SNP with the Rapid Intervention and Support Team (RIST). As of 2025, CSP grant funding was renewed and a portion of the team was retained to support the program.

RIST is a multidisciplinary outreach team of subject matter experts from various community agencies, collaborating daily to support Hamilton's most complex and marginalized individuals.

HPS partnered with local agencies to secure grant funding for dedicated staffing, resulting in a multidisciplinary response team.

RIST Partner Agencies (and Staff Roles)

- St. Joseph’s Healthcare – Mental Health Navigator
- Hamilton Regional Indian Centre – Indigenous Navigator
- John Howard Society – Court Liaison
- YMCA – Youth Navigator (seconded to the role of SNP Assistant Coordinator)
- Interval House – Women’s Navigator
- Hamilton Paramedic Services – Community Paramedic
- Native Women’s Centre (added 2024) – Indigenous Women’s Navigator
- St. Matthew’s House (added 2024) – Seniors Navigator

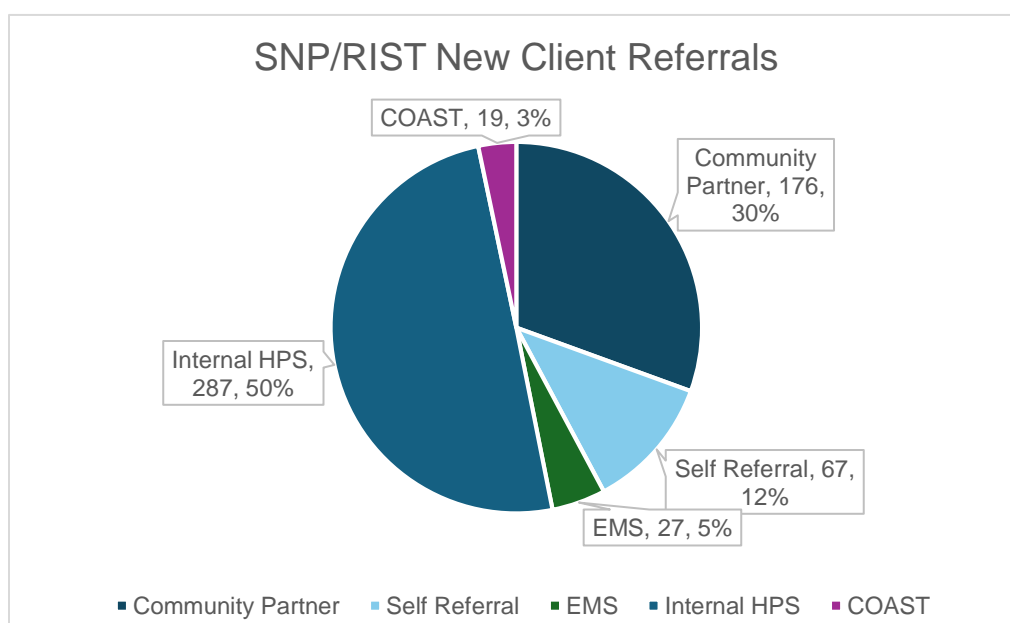
RIST 2025 Referrals

In 2025, 576 individuals were referred to RIST/SNP, with sources as follows:

- 176 – Community partners
- 67 – Self-referrals
- 287 – Internal HPS referrals
- 27 – EMS referrals
- 19 – COAST referrals

By sharing expertise and collaborating, RIST ensures faster access to the right support services for each client.

Figure 5: SNP/ RIST Referral Sources 2025



SNP/RIST 2025 Activity Overview

In 2025, SNP/RIST realigned its initiative to prioritize structured case management for individuals who are the highest users of emergency services in Hamilton. With support from the Crime Information Analysis Unit (CIAU), individuals were identified using a standardized measurement matrix focused on non-criminal interactions. These individuals were subsequently flagged as a special interest person (SIP) on CPIC, enabling officers both within and outside the jurisdiction to be aware of their participation in the program.

Aside from the identified high users of service (HuOS), SNP/RIST engaged with 913 unique individuals and provided 11,949 services to clients.

SNP and RIST members frequently respond to referrals in encampments, shelters, and drop-in centers, often engaging with more individuals than originally intended. Many clients receive support from multiple services.

On average, the SNP/RIST team conducts 660 client visits per month, an increase from 622 in 2024. (Note: these visits are not unique and include multiple visits to clients throughout the month).

SNP/RIST External Referrals

As an extension of SNP, RIST is a multidisciplinary outreach team that meets daily in-person to discuss client needs, cases, and appointments. Complex cases are presented by the SNP Coordinator, and the team collaboratively determines the most suitable agency for follow-up.

The team conducts field visits to meet with clients and, if additional needs arise, refers them to external agencies for further service delivery.

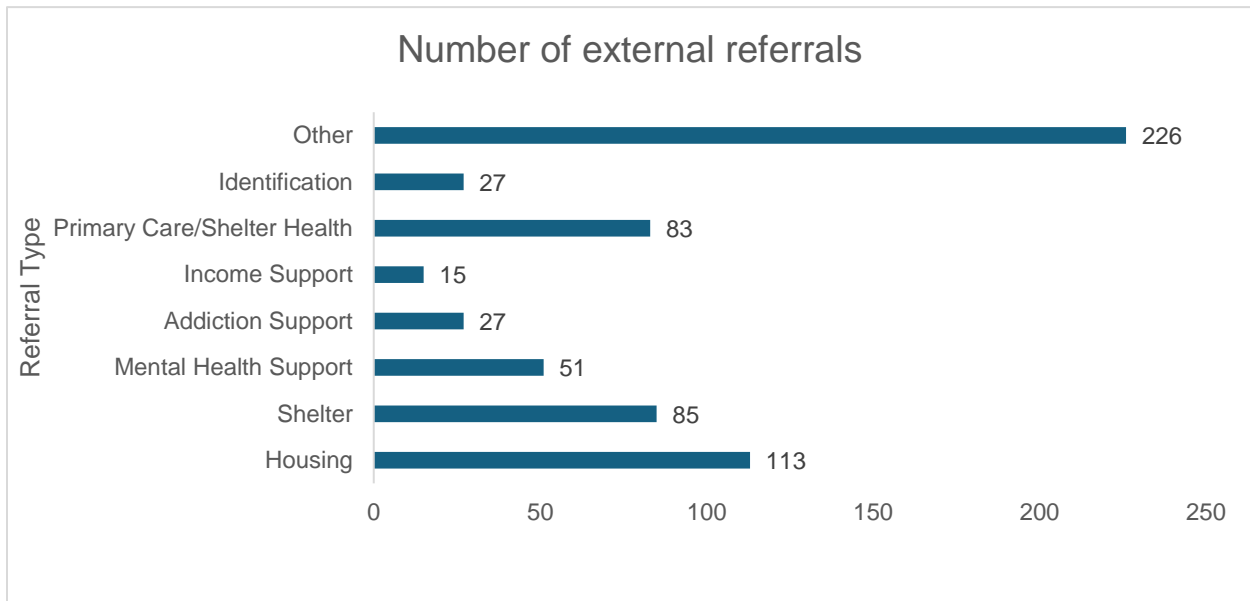
In 2025, SNP/RIST made 627 external service referrals, including:

- 113 for housing support
- 85 for shelter
- 51 for mental health support
- 27 for addiction support
- 15 for income support
- 83 for primary care or shelter health network connections
- 27 for identification support

- 226 classified as “other” (e.g., brain injury services, women’s counseling, youth programs, court support, peer support, outreach, veterans' affairs, tax assistance, and senior support)

Many external referrals were directed back to RIST member organizations—for example, a client needing wound care and mental health support would be referred to both EMS and St. Joseph’s Healthcare.

Figure 6: SNP/ RIST External Referral Sources 2025



SNP Annual Winter Coat Drive

The SNP Winter Coat Drive started in 2014 after officers and paramedics noticed that many clients lacked proper winter clothing. The initiative collects winter coats from colleagues, families, and the community for distribution to those in need.

2025 Winter Coat Drive Results

In 2025, SNP collected and distributed 323 coats to 17 community agencies (see list below).

SNP further distributed 118 winter accessories such as hats, gloves and scarves, and 245 warming items such as hand/foot warmers, foil and emergency blankets to those directly living outside.

- Mission Services Nightlink

- YWCA – CAP
- NWC – Rosedene
- SJHH – SUS program
- GHHN – Women’s Health Days
- CMHA
- RAAM clinic
- Interval House
- Good Shepherd - Reaching Homes
- St. Patrick’s Church
- St. Matt’s - Cathedral Café
- Good Shepherd – Health on Wheels
- SJHH – Forensics
- Indwell – Parkdale location
- Indwell – Strathearne location
- St. Matt’s – Seniors Program
- Wesley – Special Care Unit

Encampment Engagement Team (EET)

In March 2025, six constables were assigned to the Encampment Engagement Team (EET), funded by the City of Hamilton as part of the Coordinated Encampment Response Team (CERT).

EET Responsibilities

Throughout 2025, the EET was responsible for:

- Encampment identification, assessment, and prioritization
- Outreach and support services
- Partnering with Municipal Law Enforcement (MLE) to coordinate encampment cleanups
- Responding to calls for service at encampments
- Verifying encampment locations and preventing conflicts
- Supporting MLE in enforcing the Road Allowance By-Law
- Sharing information with City of Hamilton partners
- Proactive patrol of former encampment sites

Encampment Engagement Statistics (January 1 – December 31, 2025)

- 3151 site visits (including re-checks)
- 1239 notices issued (by MLE)
- 887 sites brought into compliance
- 72 arrests and 13 warrants executed
- 30 Part 3/Provincial Offence notices issued
- 6 weapons seized

Additionally, EET worked alongside MLE and Parks staff to clean abandoned sites and manage existing encampments, ensuring safety, peace, and de-escalation of potential conflicts.

Time Spent on Enforcement

- 9 hours issuing notices with MLE
- 1092 hours enforcing compliance

Program Key Differences

This document provides a comprehensive overview of SNP, RIST, and EET activities in 2024, highlighting their critical role in community support, crisis intervention, and encampment management.

Table 1 Program Key Differences

Table 1 Summarizes key components and differences between MCRRT, COAST, and SNP/RIST

	Mobile Crisis Rapid Response Team (MCRRT)	Crisis Outreach and Support Team (COAST)	Social Navigation Program (SNP) and RIST
Team	Mental Health Clinician & uniformed Officer (marked patrol vehicle)	Mental Health Clinician & plain clothes Officer (unmarked patrol vehicle)	Paramedic, Police Officer, Program Coordinator Community Partners
Hours of Operation	10:00am-4:00am; 7 days/wk.	24hr crisis line Officers work between 8:00am & 4:00pm; 5 days/wk. for mobile visits Additional coverage supported by MCRRT	7:00am-7:00pm; 7 days/wk. Note: Police response – 10 hours /day + Paramedic response – 12 hours/day
Key services offered	Respond to urgent 911 calls Responds to actively suicidal individuals May assist Officers who are on a person in crisis call	Support persons in crisis through telephone support or mobile visits Client receives support, follow-up, and referrals within 24 hours	Support clients who struggle with mental health, addiction, homelessness, and poverty (provides case management)

	Actively track and look for those on a Form 47 – orders for examination.		
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	Does not act in the role of crisis negotiator Does not offer follow up or case management Does not actively look for missing persons in crisis.	Does not respond to 911 Does not respond to barricaded or calls involving weapons Does not respond to calls involving actively suicidal person(s) Does not execute mental health related forms	Is not dispatched to 911 calls Does not conduct mental health assessments

MCRRT (Mobile Crisis Rapid Response Team)

- Uniformed police officer paired with a mental health worker
- Marked police cruiser
- Operates 7 days a week, 20 hours a day
- Responds to urgent 911 mental health calls

COAST (Crisis Outreach and Support Team)

- Plainclothes police officer paired with a mental health worker
- Unmarked vehicle
- 24-hour crisis line
- Provides support 7 days a week, 14+ hours a day
- Offers telephone support or mobile visits for non-urgent mental health crises

SNP & RIST (Social Navigator Program & Rapid Intervention and Support Team)

- Uniformed police officer with uniformed paramedic and plainclothes community partners
- Operates 7 days a week, 12 hours a day (paramedic or police-led response)
- Focuses on case management and mobile outreach
- Not a 911 response unit

Conclusion

The success of the Crisis Response Branch (CRB) is built on strong partnerships fostered by the Hamilton Police through years of collaboration. This integrated model provides critical support to high-needs, marginalized, and vulnerable individuals within the city. CRB brings together a multidisciplinary team, including crisis-trained police officers, EMS paramedics, mental health professionals, occupational therapists, nurses, and representatives from diverse community organizations—ensuring comprehensive and inclusive support for Hamilton’s residents.