

WEST HANTS REGIONAL MUNICIPALITY
Police Advisory Board Meeting Agenda
January 22, 2024- 6:00 p.m.
Sanford Council Chambers, 76 Morison Drive, Windsor, NS
(also Facebook livestreamed)

Agenda is subject to change due to additions that may not be able to be reflected until after the meeting.



West Hants
something inspiring awaits

1. Call to Order
 2. Attendance
 3. Announcements
 4. Approval of the Agenda
 5. Declaration(s) of Conflict of Interest
 6. Approval of Previous Meeting Minutes –
 7. Presentations - Benjamin Dykeman POSSE Project Program Developer
 8. Business Arising from the Minutes / Old Business - None
 9. Reports
(a) West Hants RCMP Quarterly Reports
 10. New Business (all verbal discussion)
(a) Chair Morton to have discussion with regards to speeding vehicles in Windsor and Hantsport
 11. Correspondence - None
 12. Next Meeting Date / Adjournment
-

1. **Call to Order** – Chair Morton called the meeting to order at 6pm.
2. **Attendance** – Paul Morton, Rupert Jannasch, Jane Davis, Mandy Singleton, Mark Phillips, Dave Ferguson, Shelleena Thornton, and Guide Furlani (via Zoom) Regrets: Susan Sypher
3. **Announcements** – Chair Morton acknowledged that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People and that this land is governed by the treaties of Peace and Friendship signed in 1726. West Hants Regional Municipality also recognizes that we are all treaty people and have responsibilities to this land and each other.
4. **Approval of the Agenda**
MOVED BY DAVIS/JANNASCH THAT THE AGENDA BE APPROVED AS CIRCULATED. MOTION CARRIED
5. **Declaration(s) of Conflict of Interest** – None.
6. **Approval of Previous Meeting Minutes** – July 17, 2023
MOVED BY JANNASCH/DAVIS THAT THE JULY 17, 2023 MEETING MINUTES BE APPROVED AS AMENDED. MOTION CARRIED
Amend the 'attendance' section as there was one person in gallery.
7. **Presentations** – None.
8. **Business Arising from the Minutes / Old Business** - None
9. **Reports**
 - (a) West Hants Quarterly Report – S/Sgt Ferguson reviewed the report.
Discussion Points:
 - When there is an incident, it is allocated to the most serious charge so may not be reflected under the category in which may seem most obvious.
 - Payzant – CAO noted a high-speed race was reported to have taken place on Payzant. RCMP noted Payzant is a priority area. If there is a witness to the incident, it should be reported to the RCMP as soon as possible. Check stops and speed enforcement are being done in that area which slows traffic.
10. **New Business (all verbal discussion)**
 - (a) Posse Project – CAO noted they are a peer support and outreach service for people that are in crisis. Kimm Kent is one of their lead programmers. They presented to Council and requested council support them with funding for a resource individual.

CAO continued with highlights of their presentation at the July 2023 COTW. He noted that Council did not support their request.

Discussion points:

- Peer outreach
- Harm reduction
- Suicide
- Homelessness
- Provide information provision
- Crisis Intervention support of a non-armed individual
- Legal aid
- Addiction support
- Meal provision support
- Crisis intervention
- Trauma information
- Etc.

CAO Phillips noted that council can revisit that defeated motion after a period of time and/or at budget time. He added that:

- Council asked for RCMP input in moving this project forward so should be a key part of the discussion this evening.
- Councillor Jannasch showed this presentation to a social worker outside the province. The social worker had many questions/thoughts as well.

RCMP (S/Sgt) input:

- S/Sgt Ferguson is familiar with the project.
- RCMP have worked in partnership with POSSE.
- He has been involved in many workshops re. looking for best way to implement various models. The vast majority of the models seem to apply to more urbanized settings. Rural areas have more barriers to them.
- Justice Minister encouraged RCMP to find innovative ways to manage the volume of mental health calls and work with contract partners and community groups to come up with alternative service delivery models in rural areas.
- Benefits to have a resource in place in West Hants:
 - A large number of mental health calls in West Hants
 - This resource would be a support to the RCMP
 - Some mental health calls do not require an armed police officer to respond; however, there needs to be that resource in place to analyze the situation to determine the appropriate level of response to calls for service
 - City has mobile mental health crisis team that works in HRM. They are not in HRM. Perhaps an expansion to that type of model may work.

Board member discussion:

- Nature of call could be highlighted by who is calling
- Sometimes people contact RCMP; other times, directly POSSE
- How RCMP triage calls for service: health umbrella (then Provincial Health would have to be onboard with this as well). Are folks adequately trained, etc.

These discussions have been held with the POSSE group as well. Risks have to be mitigated.

- When asked if the POSSE resource wants to work independently or with RCMP, CAO said his experience says they want to collaborate with them, but maybe with policy and process, they develop some form of independence at some point.
- There are a couple facets involved: mental health and homelessness.
- RCMP can reach out to POSSE by phone and to a health professional for input.
- Mental health is typically a provincial program and the RCMP are not qualified medical professionals. Typically, the Municipality doesn't financially support health falling under the Provincial mandate.
- POSSE's ask was for \$66,000/year for a two-year pilot project. They weren't sure what would occur after two years. Would this save on the policing budget? Or would this be in addition to the policing budget? S/Sgt – doesn't believe it would save on the police budget. It may save time and resources the police currently resource to mental health calls. The RCMP would then be able to focus more on other policing responsibilities.
- Definition of youth can be very elastic. Have POSSE or RCMP defined youth? Sometimes there are different authorities involved in different age brackets. S/Sgt said for RCMP, it is important that everyone operates within their lanes. Criminal Acts have youth defined in the policing realm. In some cases, Dept. of Community Services is also engaged (as per policing mandate and enforcement).
- CAO – POSSE defines ages 15-35 on their website. It was agreed that POSSE needs to be aware of this. The triaging process would be key.
- With POSSE's financial request and Municipality come up with policies and procedures that POSSE would use to adopt and hire the outreach position.
 - Nowhere in reports does it indicate who POSSE reports to and is responsible to. (This is important because the Municipality is being asked to create a new position in which staff don't have trained and experienced staff). Also, do staff have the expertise to create these policies and procedures. Further, if Municipality creates these policies and procedures for an employee to be employed by POSSE, wouldn't there be liability to the Municipality. Who is POSSE accountable to? This is an important question to be answered.

Is the Police Advisory Board in favour of asking the council to consider writing a letter to the Provincial and Federal levels of government asking they support this pilot project.

MOVED BY JANNASCH/FURLANI THAT A LETTER BE DRAFTED AND BROUGHT TO COUNCIL BY END OF NOVEMBER/DECEMBER. MOTION CARRIED.

The letter will be drafted by staff and sent to Police Advisory Board members by e-mail.

- (b) Oct. 25 Mobile Command Post Field Test and Demonstration – Council, PAB members, Fire Chiefs, and the West Hants Ground Search and Rescue Search Director and Manager have been invited to see the RCMPs Command Post at Irishman’s Recreation Site. A great opportunity to learn about the support and resources available during an emergency. Irishman’s Recreation Site will be closed to the public for the day.

11. Correspondence – None.

12. Next Meeting Date / Adjournment (Quarterly: Jan-Apr-Jul-Oct, and typically the 4th Monday) – January 22, 2024.

**MOVED BY DAVIS/FURLANI THAT THE MEETING ADJOURN AT 7:25pm.
MOTION CARRIED.**

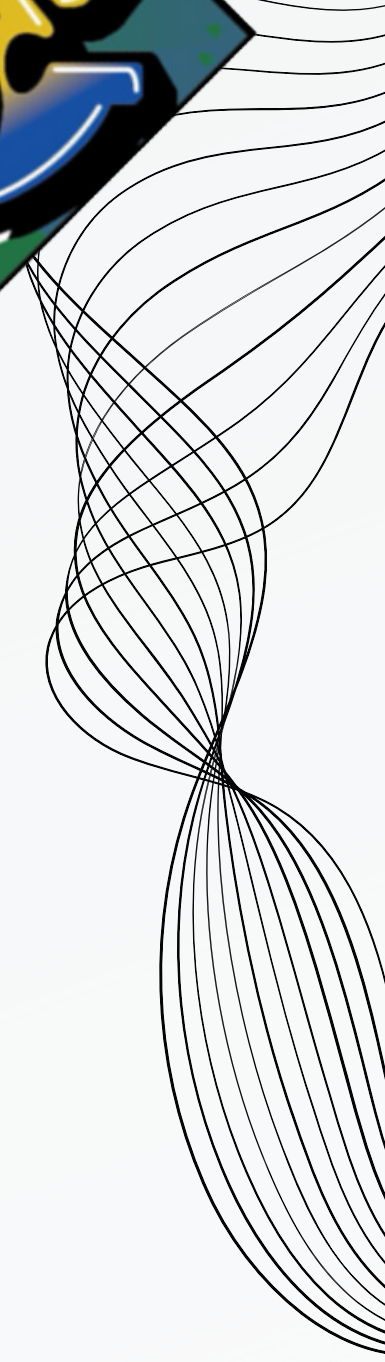


JAN 22ND, 2024

POSSE-CIAO

CRISIS INTERVENTION AND OUTREACH

A NON-POLICE, MENTAL HEALTH AND SUBSTANCE USE CRISIS RESPONSE MODEL FOR RURAL AREAS



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Mi'kmaw Native
FRIENDSHIP CENTRE



Health
Canada

Santé
Canada



Santé
Canada

Health
Canada

OVERVIEW



01

ABOUT US - POSSE PROJECT

02

OUR GOALS

03

MENTAL HEALTH CRISIS RESPONSE: CIVILIAN AND COMMUNITY LENS

04

POSSE'S MODEL OF CRISIS INTERVENTION AND OUTREACH

05

PUBLIC SAFETY AND RESPONDER SAFETY

06

THANK YOU

07

QUESTIONS

POSSE

PEER OUTREACH SUPPORT SERVICES & EDUCATION

- Training and education for youth and young adults
- Harm reduction supplies and education
- Peer support
- Service navigation
- Street-level outreach
- Crisis intervention

In Windsor/West Hants, Sackville, and Sipekne'katik First Nation



OUR GOALS

01

To build upon existing relationships with key stakeholders in West Hants Municipality (the Municipality of West Hants, RCMP, etc.)

02

To develop a close working relationship with EHS, and other emergency services in West Hants

03

To formalize crisis response services delivered by POSSE

04

To develop multi-stakeholder support from municipal, provincial, and federal governing bodies into our programming

05

To broaden the spectrum of emergency and crisis response in our community

06

To provide low barrier, non-judgmental, non-police crisis response care to community members

EVOLUTION OF CRISIS RESPONSE

- Up until 1960's it was Police and Morgue who responded to individuals in physical distress
- Eventually human rights groups developed a model to help individuals in their own community who were not being served
- Freedom House Ambulance Service the first to provide medical treatment in the field, paving way to the model we now consider common practice



MASS CASUALTY COMMISSION

RECOMMENDATION #109

PROVIDING MENTAL HEALTH CARE TO NOVA SCOTIANS

- The Commission recommends that :
- (a) The Province of Nova Scotia should establish a comprehensive and adequately funded model of mental health care service provision for urban and rural Nova Scotians. This model should include first response to those in mental health crisis and continuing community support services to prevent mental health crises from arising or recurring.
- (b) The federal government should subsidize the cost of these services at a minimum proportion equal to the proportion to which it subsidizes RCMP policing services.
 - Regardless of the model chosen, these decisions should prioritize dignity and care within a mental health care framework over a criminal justice response.

The Joint Federal/Provincial
Commission into the April 2020
Nova Scotia Mass Casualty

MASS
CASUALTY
COMMISSION

Turning the Tide Together

FINAL REPORT OF THE
MASS CASUALTY COMMISSION

Executive Summary
and Recommendations



“

PUBLIC SAFETY

...is not just about people being safe but also their feeling safe. It is a perception grounded in freedom from harm and the consequences of crime and disorder in our homes, workplaces, and communities. It comes from the confidence that government and public safety agencies will respond effectively to emergencies, whether caused by acts of nature or human beings.

”



MASS CASUALTY COMMISSION, TURNING THE TIDE TOGETHER, EXECUTIVE SUMMARY, P. 110

DEFINING THE WAY FORWARD

PREPARED BY THE BOARD OF THE POLICE COMMISSIONER'S SUBCOMMITTEE TO DEFINE DEFUNDING POLICE

The goal of the proposed community mental health crisis response team is to act as a complementary service to traditional policing, in order to conserve and concentrate police resources on responding to crime and violence, to divert people away from criminal legal interactions and towards mental health treatment, to get families the supports they need to cope with their loved ones' mental health challenges, and to reduce "familiar faces" police interactions by connecting people in crisis to community-based care.

"Factors including race, gender, poverty, mental illness, disability, being unhoused, being a person who uses drugs, being a sex worker, citizenship status, and 2SLGBTQ+ identities are more likely to expose people to harm from policing." (p.7)

Defunding the Police:

**Defining the Way
Forward for HRM**

PUBLIC SAFETY STRATEGY 2023-2026

HALIFAX REGIONAL MUNICIPALITY

Identified in consultation the importance of alternative responses: **"Across all sessions and in survey responses, participants identified the lack of alternative responses to address non-criminal safety and wellbeing issues arising from mental illness, addiction and homelessness" (p.8)**

The strategy also identifies that they plan to develop a Community Crisis Response Service Model for the municipality to pilot in 2025-2026. They note that **"Civilian-led crisis response services have been estimated to substantially reduce police workload while offering cost-savings and reducing negative outcomes from call responses" (p.26).**



Public Safety Strategy
2023-2026

HALIFAX

“POLICE SHOULD NOT BE THE DEFAULT RESPONDERS TO MENTAL HEALTH CALLS THAT DO NOT INVOLVE ANY THREAT OF VIOLENCE”

CENTRE FOR POLICING EQUITY, P.4



Center For
POLICING EQUITY

REDESIGNING PUBLIC SAFETY

**Mental Health
Emergency Response**

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

National Guidelines for Behavioral Health Crisis Care
Best Practice Toolkit Executive Summary



A RIGHTS-RESPECTING MENTAL HEALTH CRISIS SERVICE SYSTEM HAS BEEN DESCRIBED AS "THE FIRST LINE OF DEFENSE" FOR PREVENTING LOSS OF LIFE, WASTED RESOURCES, HUMAN RIGHTS VIOLATIONS, AND PUBLIC SAFETY INCIDENTS.

SAMSHA, P.2

MENTAL HEALTH CRISIS RESPONSE MODELS

DEE & PYNE, 2022;
JONES ET AL., 2022;
THE WHITE BIRD CLINIC



CO-RESPONSE MODELS

- Involves training police officers on mental health response, or sends clinician alongside police
- Argument that: police have enough to do already
- It's more expensive
- It still stigmatizes and criminalizes
- Training police to do a job that other responders are already better at doing
- Evidence is mixed regarding the effectiveness



COMMUNITY RESPONSE MODELS

- Responders from peer and clinician backgrounds are trained in evidence-based support and de-escalation techniques
- Calls have been demonstrated that they won't lead to violence
- Approaches are trauma, harm reduction and culturally informed, seek to connect people to services
- STAR Denver Successfully reduced low-level crime, such as trespassing, public disorder, and resisting arrest by 34%

WHY CIVILIAN CRISIS RESPONSE?



1

Best practice calls for it

2

Stigma reductions requires it

3

Communities needs it

4

People want it

5

Health equity depends on it

6

Care quality is improved by it

7

Costs are reduced by it

8

Harms are prevented by it

9

It's the right thing to do

10

It can be done

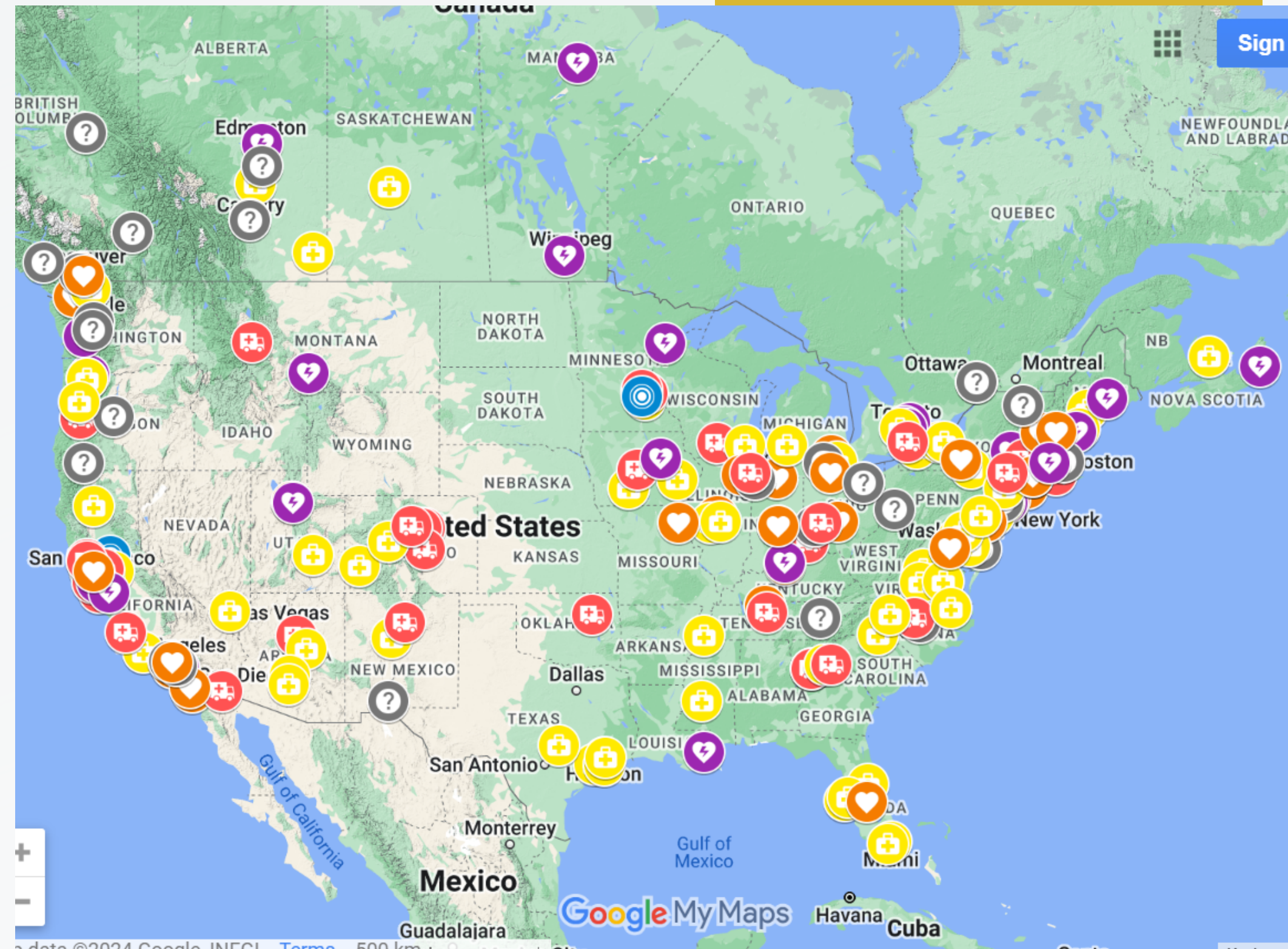
CURRENTLY IN OPERATION

JUSTMENTALHEALTH.CA

Over 220+ community based programs operating in Canada and the US

5 Main types:

- **Clinician:** staffed by formally educated mental health professionals, lacks community involvement, representation
- **Medic+:** medics paired with clinicians, peers or crisis workers, replicate existing issue, not consent based, unequal power dynamics
- **Peer:** staffed continuously by peers with lived experience
- **Mutual Aid:** staffed by community volunteers
- **Crisis Worker:** staffed by team members who come from variety of backgrounds including education, lived experience



TORONTO COMMUNITY CRISIS SERVICE (TCCS)

Operated by: Gerstein Centre, TAIBU, CAMH, 2
Spirited People of First Nations

Started as a pilot in 2022, building on success that these organizations had in working with target demographics

- Teams are dispatched by 211 but can be contacted via 911
- Available 24/7
- During 2022, pilot received 2,489 calls
- During its first 6 months, TCCS reported to have saved TPS 5,816 hours
- Toronto now considers TCCS responders as 4th branch of First Response personnel, will be city-wide by end of 2024

CITY OF TORONTO, 2023



CRISIS ASSISTANCE HELPING OUT ON THE STREETS (CAHOOTS)

Based out of Eugene, Oregon, since 1989, born out of the work of The White Bird Clinic which has been operating since 1969. Dispatched by 911.

- Out of 24,000 calls in 2019, police presence was only required during 250 – or 1% of those calls
- Over 60% of population served are homeless, 30% are living with mental illness
- Resolves 17% of Eugene Police Departments Overall call volume, saving \$8.5 million per year in public safety costs
- The Eugene PD indicates that between 3–8 per cent of all police calls are diverted to the CAHOOTS program

“CAHOOTS IS NOT A LAW ENFORCEMENT AGENCY; IT IS A THIRD-PARTY, NOT-FOR-PROFIT ORGANIZATION THAT'S CONTRACTED BY LOCAL LAW ENFORCEMENT TO RESPOND TO CALLS INVOLVING NON-VIOLENT CRISIS IN LIEU OF A LAW ENFORCEMENT RESPONSE”.

THE WHITE BIRD CLINIC



POSSE-CIAO

CRISIS INTERVENTION AND OUTREACH

CURRENT CRISIS RESPONSE

Are available by drop in, phone call, or via message for crisis support in a non-judgmental and harm reduction oriented manor. Available for calls 9-4 M-F, and outreach phone afterhours.

DEVELOPING MODEL

Currently securing funding to pilot our program in the West Hants region. Have recently received funding to develop the project and to develop the training curriculum for the responders

PILOT

Ideally pilot our model in the West Hants municipality:

Teams of two, mixed backgrounds with clinicians and peers, staffed and available for crisis calls from 9am-12am M-F, and 2pm-12am S/S

PROGRAM

Work towards 24/7 care model, with concerns and issues addressed as they became present in the pilot.

Consistent and permanent funding.

POSSE-CIAO


POSSE STATS FROM THE '22-'23 FISCAL YEAR

- Outreached **2713** contacts
- Distributed **11,563** literature resources
- Distributed **1291** meals and **618** snacks
- Supported people **697** times in a crisis intervention or similar support (client contacts)
- At least **424** referrals were made to other supports and services
- Distributed **530** fentanyl test strips
- Distributed **141** naloxone kits
- Distributed over **12,000** individual harm reduction supplies


These numbers have grown in the 2023-2024 year, and continue to expand as POSSE grows.

POSSE-CIAO


CURRENT CRISIS INTERVENTION EXAMPLES




Example: Local RCMP officer brings individuals experiencing mental health or addiction crisis to POSSE office. We facilitate securing a shelter bed and arrange transportation to get person to shelter. Assisted mediating family dropping off clothes for person, providing a safe place for them to be in a very upsetting and challenging moment.



Example: A local organization calls because someone is experiencing psychosis and they would like us to help. POSSE attends to the scene, de-escalates, brings person to office, conducts needs assessment, addresses basic needs (food, water, hygiene products, etc.) more in depth assessment of risk to determine no threat of harm to community at large. Offers additional support options (mental health and addictions), referral and transportation to a shelter.



Example: Youth calls from the side of a road, saying she's been sexually assaulted and asks if we can pick her up. We drive to her location, pick her up, provide her with a variety of options and referrals that meet the youth's needs.



FORMALIZING OUR MODEL

- Crisis Response Teams are made up of two trained "Crisis Responders" from a mix of clinician and peers with lived and living experience
- Developed for Rural Nova Scotia
- Consent based programming
- Service available 9am – 12am Monday – Friday, 2pm – 12 am Saturday , Sunday , 365 days a year as a pilot stage with a goal of expanding
- Builds upon the success and trust of POSSE in the community
- Works from a Harm Reduction, Human Rights lens
- Mobile Capacity, serving West Hants Regional Municipality
- Dispatched through 211 or via POSSE directly



CALLS AND SERVICES



TYPES OF CALLS

- Person in Crisis
- Wellness / Well-being Checks
- Distressing / Disorderly Behaviors
- Thoughts of Suicide / Self Harm
- Houselessness
- Substance Use Related



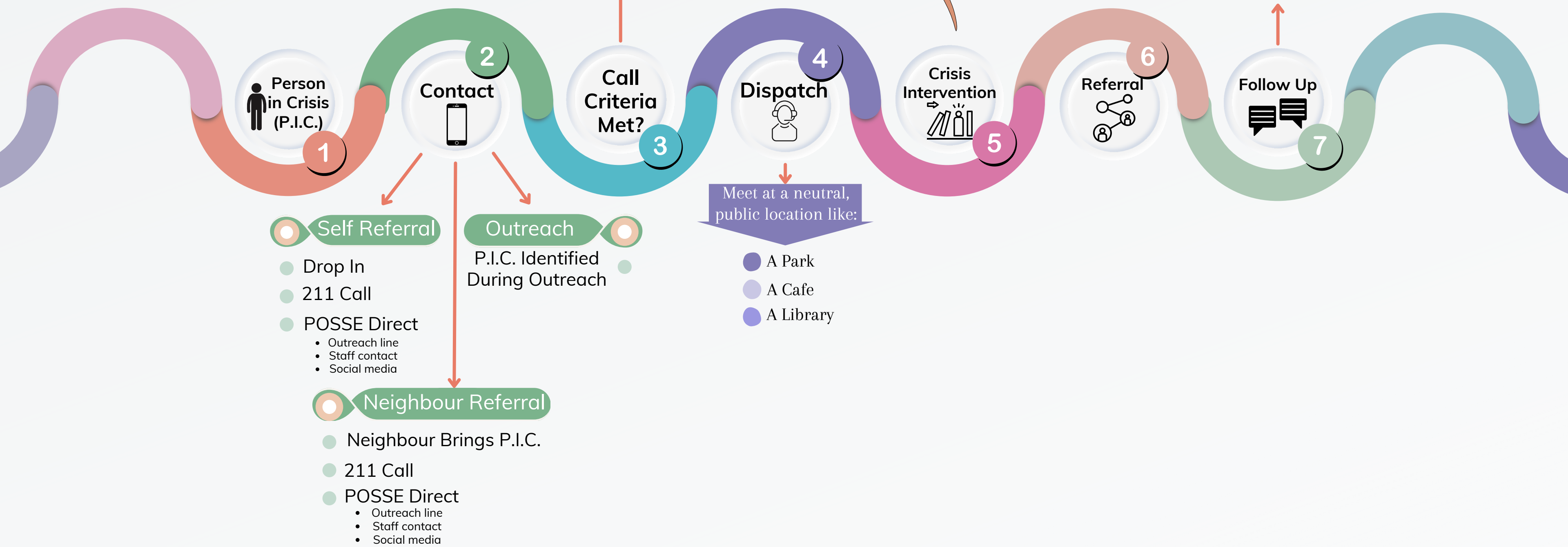
TYPES OF SERVICES

- Crisis Intervention / De-escalation / Stabilization
- Service Navigation and Referrals
- Conflict Resolution
- Person Centered Care
- Harm Reduction / Human Rights Support
- Accompaniments (transportation) and advocacy

The POSSE-CIAO MODEL

- Defer Call if Criteria not Met
- No Threat of Violence
- No Weapons
- Not Medical Emergency (EHS)

- Housing
- Treatment
- Employment
- Safer Substance Use
- Outcomes



5 Crisis Intervention

Needs Assessment:

- Identify supports they have and supports they need
- Motivational interviewing, active listening
- Explore housing, substance use, if victim of a crime, sexual activity, etc.

Support:

- Make referrals as needed
- Transportation and accompaniments
- Advocacy
- Service navigation such as with income assistance
- Food support
- Harm reduction
- Remaining culturally informed

De-escalation and stabilization:

- Trauma-informed
- Non-violent crisis intervention
- Conflict resolution
- Mediation
- ASIST, mental health first, and suicide intervention

Housing Related:

- Referrals to housing locator
- Housing support
- Shelter support and referrals
- Housing items
- Emergency shelter (tent, tarp, etc.)
- Clothing and food support

Substance Use Related:

- Naloxone (training and distribution)
- Harm reduction supplies
- Harm reduction education and strategies
- Tainted substance alerts
- Referrals to recovery programs, mental health and addictions, AA, NA, etc.

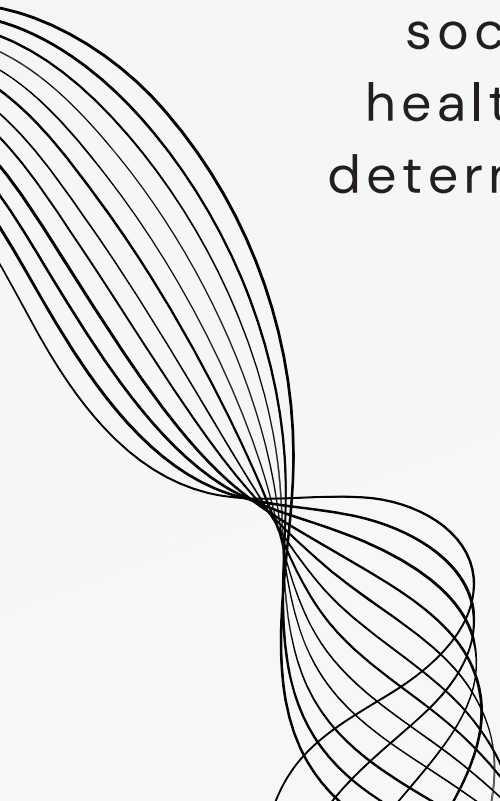
And much more...

CRISIS RESPONSE AND PUBLIC SAFETY



Community

MCC notes that communities can support their own safety, indicating the need to “acknowledge and address social factors like poverty and inequality because it is clear that the social determinants of health are also the social determinants of community safety”.



Tools and Trust

POSSE is determined to support these elements of safety within our community, by seeking to reduce the barriers to accessing resources, services, and support in West Hants. These things will go hand in hand with the POSSE-CIAO model, allowing our responders to distribute food, harm reduction supplies, water, emergency shelter supplies, clothing, and hygiene products and more, as they provide community care.

Triage

Call takers will be trained to effectively triage the type of calls that POSSE-CIAO is capable of responding to (non-violent, no weapons, etc.). At this point, and at every point along the crisis intervention process, our responders will be able to refer folx to police or EHS as needed.

RESPONDER SAFETY

- POSSE-CIAO responders will be equipped with **over 100 hours of training**, ensuring they are well prepared to support the community, and to know when and how to reach out to other networks and systems, as needed. They remain able to contact 911 supports for EHS, police, and fire.
- The triage process and information gathering will skillfully allow responders to make judgements regarding safety planning, assessing the scene, environmental scans, and to ensure there are no weapons or physical danger to themselves or others. Should the police need to be called, the responders will be trained in calling 911, sharing the most accurate and necessary information, and how to clearly articulate their needs.
- Responders will also be trained in
 - Non-violent crisis intervention and de-escalation
 - Suicide intervention and mental health first aid
 - Standard first aid and CPR
 - Accidental toxic drug poisoning training and substance use training
 - Supporting folks experiencing psychosis and altered realities
 - Supporting individuals with disabilities
 - Gender-based and sexualized violence
 - Cultural perspectives on crisis and mental health
 - Safety planning, safety thresholds, and risk assessments
 - and more

RESPONDER SAFETY

- 911 call data from Ontario demonstrates **more than 80%** of mental health related 911 calls are **non-violent**.
- Staff are able to call for police support when needed, and this occurs during approximately **1-3% of calls**, depending on the crisis team. Often, these calls are **related to the mental health act** rather than for 'dangerous' situations.
 - Oakland's MACRO team calls for police support on approximately **1% of calls**
 - Eugene's CAHOOTS team calls for police support on approximately **2% of calls**
 - Toronto's TCCS calls for police support on approximately **2.1% of calls..**
 - **More than half** of Toronto's TCCS's calls for police support are likely attributable to Mental Health Act apprehensions.
- **No community responder team member has ever been seriously injured or killed during a call**, and minor injuries are generally not caused by service users.



A public health approach requires **meaningful and sustained society-wide engagement that involves prevention, early intervention, response, recovery, and healing.** Implementing this approach necessitates a fundamental shift in how we think about and deal with violence, and a rebalancing of the roles of community and police in ensuring safety and well-being. Police services and police agencies will remain important, but they will no longer be at the centre of our public safety system. The public safety system involves many actors beyond police agencies. Police services and police agencies must be seen as only part of the community safety ecosystem, which is a framework of governmental, institutional, and agency and service provider relationships, including processes for community engagement.



MASS CASUALTY COMMISSION, TURNING THE TIDE VOLUME 4, P.412

THANK YOU!

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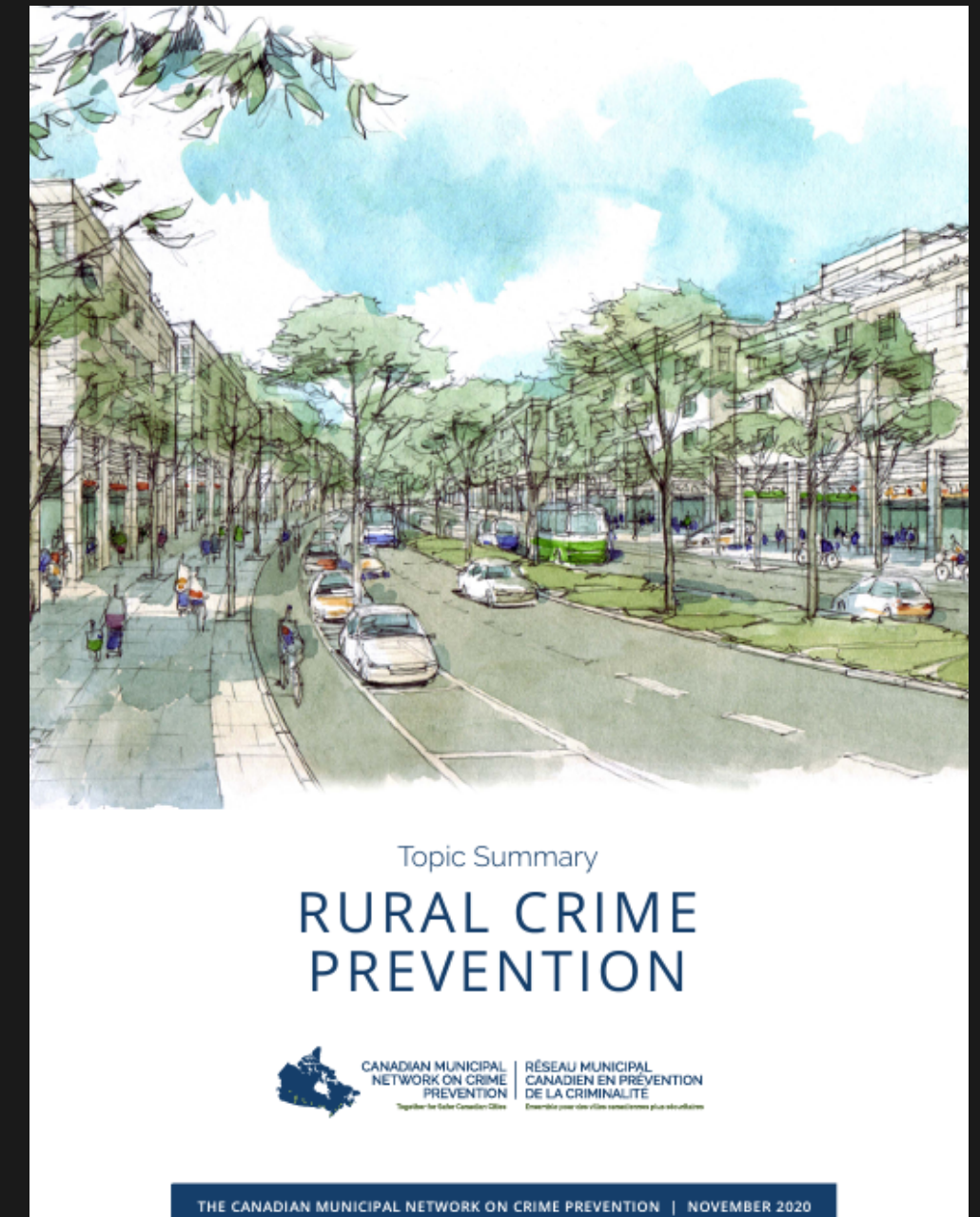
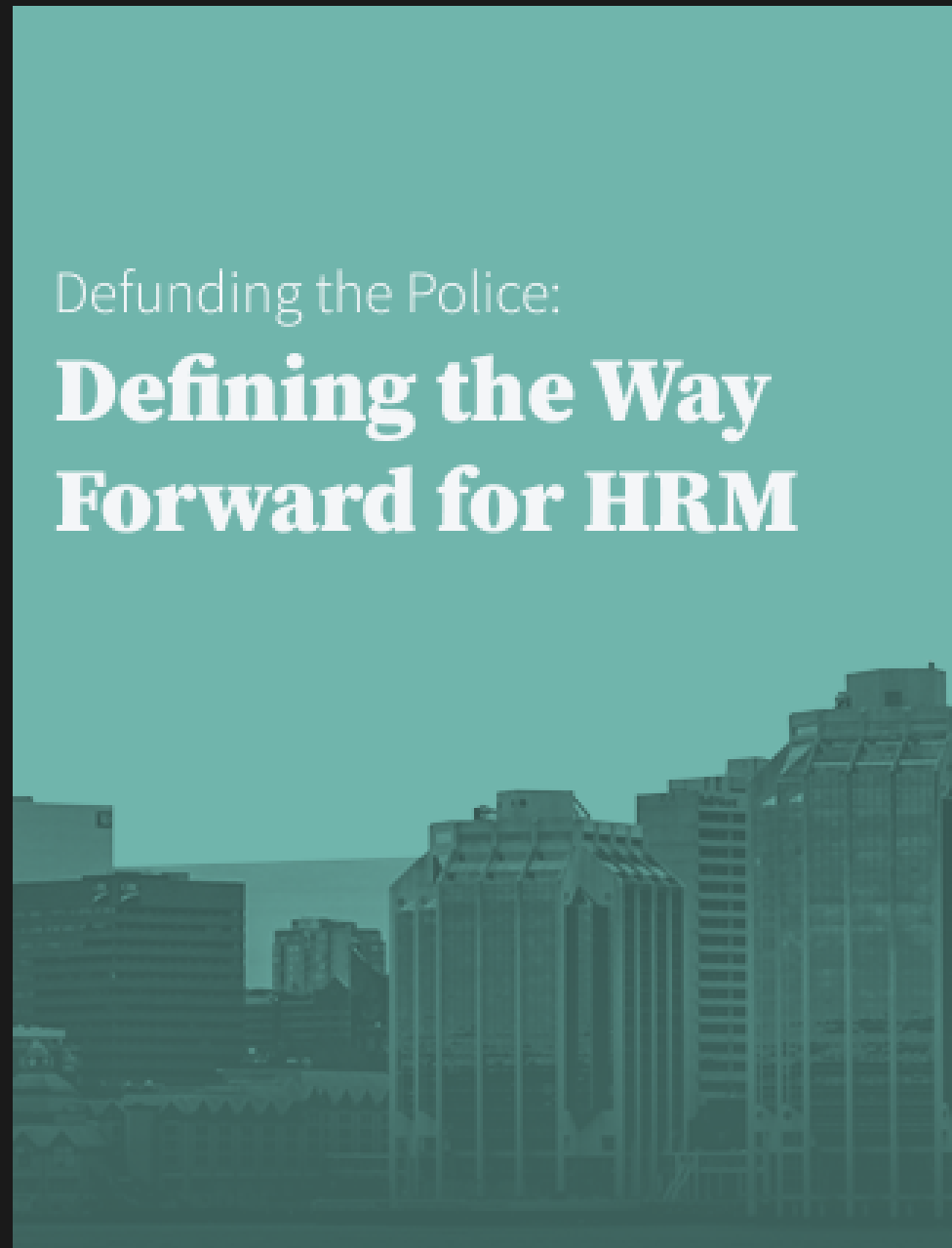
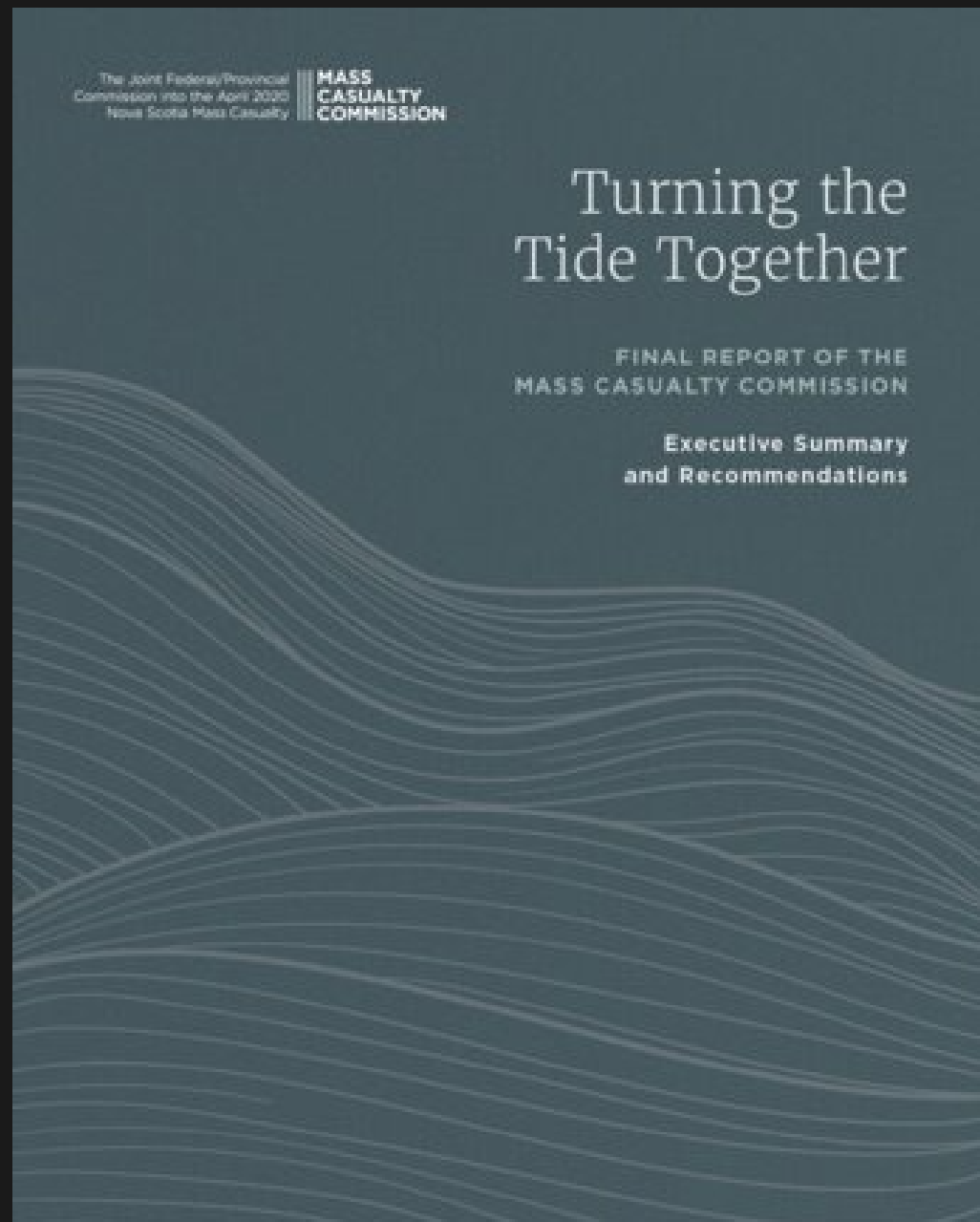
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Mi'kmaw Native
FRIENDSHIP CENTRE

REPORTS OF INTEREST

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REPORTS OF INTEREST

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Public Safety Strategy
2023-2026

HALIFAX

IC INTERRUPTING
CRIMINALIZATION

DEFUND THE POLICE - INVEST IN COMMUNITY CARE

A Guide to Alternative Mental Health Responses



MAY 2021



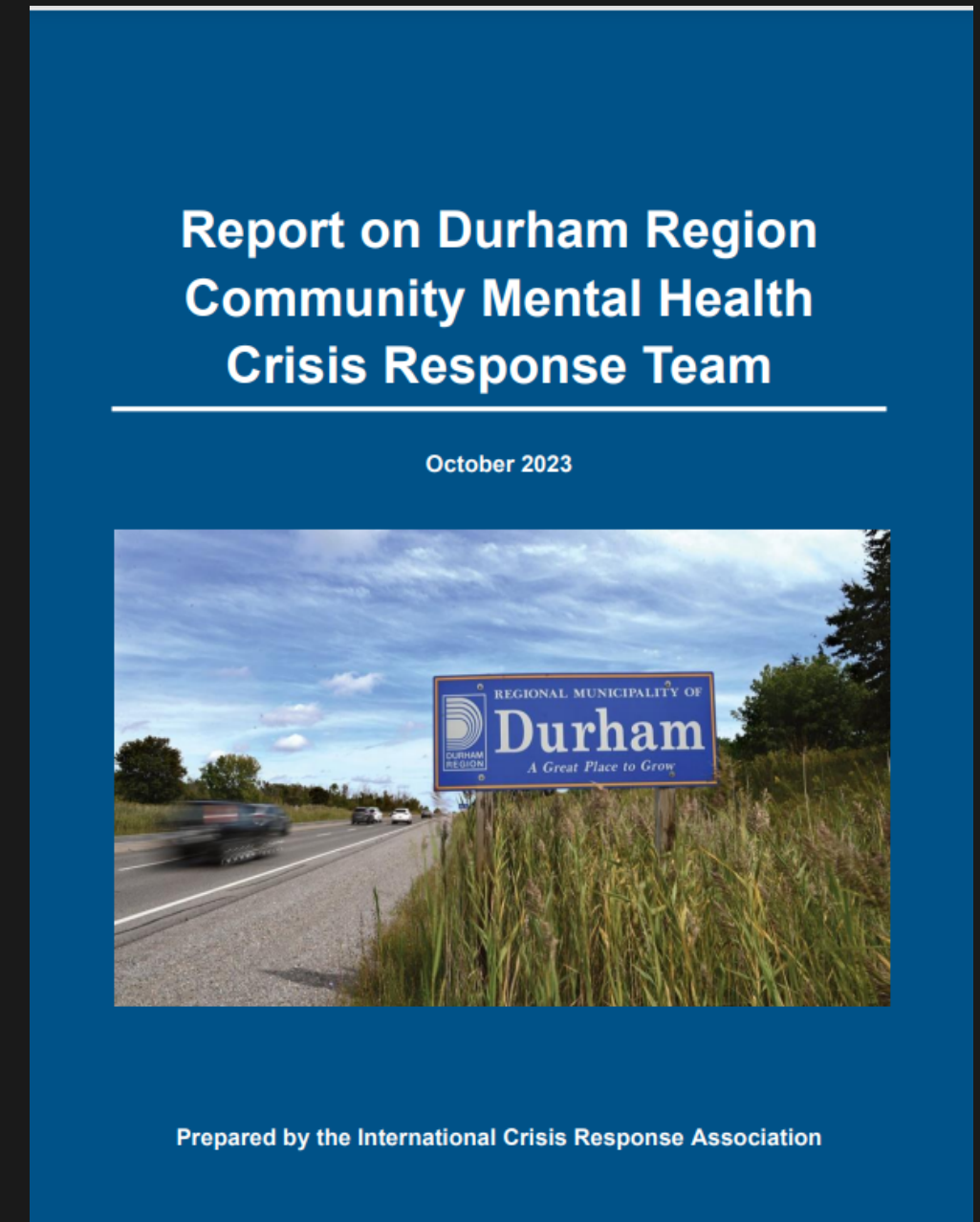
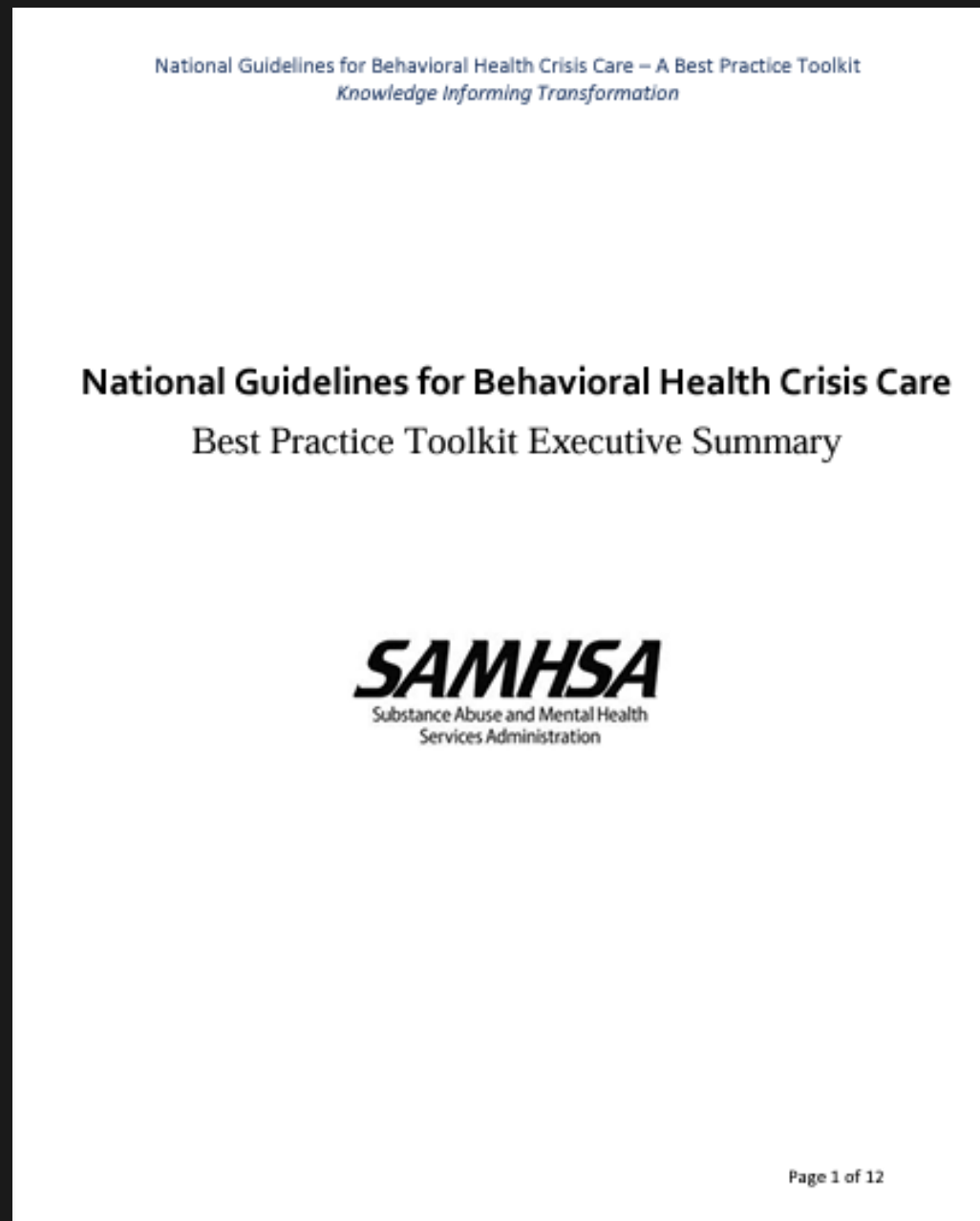
P·E Center For
POLICING EQUITY

REDESIGNING PUBLIC SAFETY

**Mental Health
Emergency Response**

REPORTS OF INTEREST

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