



City of
Peterborough

To: Members of the General Committee

From: Sheldon Laidman, Commissioner, Community Services

Meeting Date: May 9, 2022

Subject: Interim Homelessness and Opioid Strategy Recommendations, Report CSSS22-004

Purpose

A report to recommend strategies to address the opioid crisis and the emerging homelessness system responses.

Recommendations

That Council approve the recommendations outlined in Report CSSS22-004, dated May 9, 2022 of the Commissioner of Community Services as follows:

- a) That \$245,000 held in city reserves representing 50% of the Peterborough Police Services 2020 surplus be allocated to support the following:
 - i. \$60,000 to the Peterborough Drug Strategy (PDS) to purchase a mass spectrometer for use at the Consumption Treatment Services (CTS) Site, along with training required to offer drug checking services in Peterborough; and
 - ii. \$185,000 to the Canadian Mental Health Association—Haliburton, Kawartha, Pine Ridge (CMHA-HKPR) to offer an additional Mobile Crisis Intervention Team staff for 2 years in collaboration with Social Services and Peterborough Police Services;
- b) That the Commissioner of Community Services be authorized to sign any required funding agreements with PDS and CMHA-HKPR; and
- c) That the funding agreements specify:

- i. the negotiated program outcomes
- ii. the collaborative approach to be defined by the City and the PDS and the City and CMHA-HKPR
- iii. the reporting and evaluation processes

Budget and Financial Implications

If the recommendations of this report are approved, the total \$245,000 expense can be accommodated within a City reserve account representing 50% of the 2020 Police Services Surplus.

The City does not have ongoing funding to support the initiatives identified in the recommendations. The MCIT must be evaluated for outcomes and if the pilot is successful, longer-term funding options would be identified and provided to Council for consideration in a future report.

Background

At its meeting of December 13, 2021, Council approved the following motion:

“That staff provide a report on immediate crisis intervention strategies to address the impacts of homelessness and drug addictions in the City of Peterborough, while the longer-term Community Safety and Well-being Plan is being developed.”

On November 29, 2021, as part of the 2022 budget approval process, Council directed that \$245,090 of the 2020 Police Services surplus be transferred to a City Reserve account. Those funds are available to support the recommendations of this report.

Council further directed staff to report back no later than May 2022 on a program to assist on the opioid crisis. This report responds to Council’s direction, recognizing that substance use, and homelessness are community concerns.

Preliminary Findings of the Community Safety and Well-Being Plan

As the Community Safety and Well-being Plan is being developed, early recommendations acknowledge that responding collaboratively to emergent, complex health and social issues with an aligned community vision results in more choices for individuals, better outcomes, and fewer crises. It also supports the idea that responses to these issues should use evidence-informed practices that expand the community’s collective capacity to address service gaps and provide better outcomes.

The Community Safety and Well Being Plan (CSWBP) Advisory Committee held community focus groups, where there was general agreement about the need to shift

towards more proactive and preventative actions that develop an all of community response. There is an opportunity through the development of the CSWBP to consider what collaboration can look like in a post or ongoing COVID context, to understand how to keep collaborative efforts alive, and to identify what is needed for success. It is understood that organizations can be more creative when partnering in a collaborative way to support clients and drive common goals forward.

Increasingly the following challenges exist in the community:

- Significant increase in the level of client acuity and service restrictions.
- No 24/7 health funding for highest community need - permanent supportive housing
- Lengthy wait time for Community (Social) Housing.
- Limited rental options especially those that are affordable with social assistance rates.
- Increased levels of violence within the shelter systems and housing unit takeovers. (Housing Unit takeovers are defined by the Homeless Hub as occurring when housing predators use drugs, violence, sex, economic and social supports to manipulate tenants into accommodating unwanted occupations of their housing space)
- Concern for encampments with increasing numbers of clients staying outside and fear for client safety during winter.

Recent Homelessness Information

As of April 2022, 317 people are on the By Name List (BNL) with 153 of them being chronically homeless. This is up from 244 at the same time frame in 2021. Chronically homeless refers to those who have been homeless for more than 6 months in the last 12 months. There are 154 people (46 youth, and 63 that identify as Indigenous) on the BNL that have very high acuity levels, meaning their best housing solution is supportive housing. Supportive housing involves significant costs that are typically only able to be met by senior government program funding.

Shelters

In 2021:

- average occupancy of Brock Mission was 97%; a decrease to 93% in first quarter of 2022.
- the average occupancy of Cameron House was 87%; no change in first quarter of 2022.
- the average occupancy of Overflow was 84%; an increase to 90% in first quarter of 2022.

- the average occupancy of YES Shelter was 67%; increase to 89% in first quarter of 2022.
- 604 unique individuals accessed the shelter system at least once.

Ending Homelessness

- In 2021, 251 people exited homelessness and secured housing. 35% were people who had experienced chronic homelessness. (6+ months in the last year)
- So far in 2022, 94 people have exited homelessness and secured housing. 45% were people who had experienced chronic homelessness.
- As of April 2022, the City has secured 50 spots in supportive programs dedicated to the By-Name Priority List.
- As of April 2022, the City has secured 65 units dedicated to the BNL, with more partnerships in the works.

Preventing Homelessness

- In 2021, 1186 households received Housing Stability Funding (HSF) from Social Services. The HSF policy was re-written in January 2022 to provide households with more support (higher limits for households, more eligible costs, more housing focused conversations and follow-ups).
- In 2021, 93 households received a Rent Supplement directly from Social Services.
- As of April 2022, the City supports 334 households with rent supplements (result of the Housing Choice Program being brought into Social Services from the Housing Resource Centre) totaling \$1,340,000 annually.
- The City also funds \$1,580,000 in rent supplements through Peterborough Housing Corporation which supports 230 households.
- The City provides funding to various nonprofit housing organizations and private landlords for
 - 1,569 Rent Geared to Income (RGI) units; and,
 - 421 affordable units.
 - In total the City is providing funding to support over 2700 households with affordable housing which represents approximately 5% of all households in the City and County combined. The figure for just the City of Peterborough would be considerably higher.

City's Role as a Service Manager

The City of Peterborough is the Service Manager and funder for many local homelessness responses, while the United Way of Peterborough receives the federal Reaching Home funding for homelessness services.

Substance use response is traditionally funded through the Provincial Ministry of Health and local planning is done through the Peterborough Drug Strategy (PDS). The City provides funding to the PDS through an annual service grant.

The City works collaboratively with community health and social service providers on short-term interventions and longer-term strategies to support ending homelessness. Work also continues with both provincial partners and local planning boards to examine system level interventions that adapt and respond to social and health equity issues. Further information about some of the work is contained in Council Reports CSSS22-003 Analysis of DBIA Request for a System Navigator (the System Navigator position was approved by Council on April 25, 2022 for a three-year period, with staff providing an update at the 15-month mark of the program), and CSSS22-010 Support for a Community Health Centre.

Additional Information on Local Planning for Homelessness Responses

City staff have been working with community partners and interested community groups to identify additional options for the homeless community as most shelters and services have been operating at or near capacity in the last few months. City staff also recognize that some individuals prefer not to access services in shelters or through local service providers. When shelters are at capacity, the City seeks alternate accommodation options for individuals. Engagement efforts continue with those living outdoors to encourage them to access services and seek permanent solutions based on their wishes.

Community providers work together to address issues of homelessness, poverty, mental health, and addictions. Those collaborations have resulted in the following positive outcomes:

- New partnerships with community agencies to create new housing opportunities.
- New, purpose-built dedicated units.
- Redesigned Housing Stability Fund (HSF) and Rent Supplement Programs with fewer barriers and increased connections to the most vulnerable.
- The use of Life Stabilization case management prototype models to support action planning for individuals and families experiencing homelessness.

Other Initiatives

Recognizing the magnitude and complexity of the opioid, addictions, and homeless issues facing the community, staff in Social Services are also working towards additional responses that are being done within Social Services' operational authority and are in addition to those being recommended in this report. These responses include the following:

- Planning for local supports for the fifth round of Social Services Relief Funding (SSRF) of \$945,000 that was announced in early April 2022.
- Embedding Social Services Caseworkers at the library to better serve clients and assist the Library in working with marginalized clients.
- Reorienting Social Services staff to have additional outreach focused workers to serve the downtown and other high traffic areas.
- Working with shelter programs and Peterborough Public Health to assess capacity in shelters and when they can return to pre-pandemic numbers.
- Working with the Housing Resource Centre and their Housing Location services.
- Working with landlords and existing social housing stock to determine if individuals can be housed together to share units, house more people, or create innovative housing opportunities.
- Matching individuals and families with recently finished eight single units and five family units and providing individualized supports to ensure a successful tenancy.
- Ensuring each person in the homeless system has a housing plan to be striving towards.
- Surveying and connecting with people living outside the shelter system.
- Working closely with many health providers to attach a variety of health responses to marginalized individuals and support them where they are located.
- Supporting the Consumption and Treatment Site staff and working collaboratively with the MSORT team on outreach initiatives.
- Working with local developers around options for further affordable builds.

Proposed Immediate Crisis Intervention Strategies

This report provides Council with the following items for consideration that can be explored and implemented as pilot projects to serve individuals experiencing homelessness and/or drug addictions as follows:

Item 1 - Funding the purchase of a mass spectrometer for use at the Consumption Treatment Services (CTS) Site.

Item 2 - Funding an expansion of the Mobile Crisis Intervention Team to work in the City of Peterborough to focus on crisis response, crisis stabilization and proactive follow up with individuals experiencing a mental health and addictions crisis that have encountered Police Services and support Social Services staff who are working closely with individuals at pressure points in the downtown core such as at Wolfe Street., the Peterborough Public Library, and the Transit terminal area.

Funding for a Mass Spectrometer to assist users at the CTS

PDS is requesting support for a mass spectrometer which would allow people who use drugs the ability to access fast and detailed information regarding the contents of their drugs which will promote more informed decisions around their use. This service may also support public health surveillance of the unregulated drug supply and dissemination of drug alerts. (Appendix A). Use of these tools was recommended by the Central East Local Health Integration Network Opioid Strategy Group in February 2018.

The combination of drug testing strips and the use of the mass spectrometer will help save lives. With enhanced understanding of potential contaminants in street drugs, individuals will be able to make informed choices while health professionals and staff supervising service users will be more informed about how to respond to potential medical emergencies including adverse drug reactions or overdoses.

The associated cost is \$60,000 which includes the purchase of the equipment and establishing local expertise to operate.

A description of the PDS, its community partners, and its objectives can be found in Appendix B.

Mobile Crisis Intervention Team (MCIT) Proposed Expansion

The MCIT is a collaborative initiative between Peterborough Police Services (PPS) and CMHA-HKPR. The program has been in operation since 2011 with 1 Mental Health Worker (MHW) partnering with 1 PPS Officer.

The MCIT staff work in partnership to provide real time crisis response and proactive intervention. They provide short-term, intensive follow up on referrals and access to appropriate community resources, facilitated where appropriate and needed.

This proactive collaboration that would focus on reducing serious mental health incidents and further compounding crises. Ultimately individuals involved in the program would experience better outcomes—moving from transactional intersections with service providers to offering longer-term solutions and engagement at the time of escalation. (Please refer to Appendix C)

The associated cost is \$185,000 covering staffing for 2 years. This funding is only for the CMHA-HKPR staffing component. Funding and how PPS supports this initiative will be a responsibility of the PPS and future police budget considerations.

Contracts/Agreements

Should Council support the strategies presented in this report, staff are recommending that the City enters into agreements and contracts as appropriate, based on approved budget, overall operations, and considering tight timeframes based on emerging community needs.

Risks

There are risks associated with funding for homelessness and social services that Council should be aware of and need to be considered along with the recommendations of this report, as follows:

- All additional COVID homelessness funding coming into the community is scheduled to end December 31, 2022. This includes the funding for the Wolfe St. overflow shelter and all isolation services that the City has been able to support during the pandemic. This could potentially total approximately \$1,500,000 annually.
- Funding a service on a temporary basis is a concern if ongoing funding is not approved at other levels of government.

Summary

Council directed staff to provide a report on immediate crisis intervention strategies to address the impacts of homelessness and drug addictions in the City of Peterborough, while the longer-term Community Safety and Well-being Plan is being developed. This report responds to that direction, recommending funding to purchase a mass spectrometer for use at the Consumption Treatment Services (CTS) Site, and an additional Mobile Crisis Intervention Team staff for 2 years.

Submitted by,

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Attachments:

Appendix A—Peterborough Drug Strategy Proposal

Appendix B - Additional Information About Peterborough Drug Strategy

Appendix C— Mobile Crisis Intervention Team (MCIT) Proposed Expansion



March 9, 2022

**PDS Recommendation:
For Use of the 2021 Police Surplus to be Spent on Opioid Response**

Recommendation

To fund the capital purchase of a mass spectrometer and training required to offer drug checking services in Peterborough.

That the City of Peterborough allocate \$60,000 from the 2021 Police Services Budget surplus to purchase the equipment and training to provide drug checking services at the Opioid Response Hub at 220 Simcoe Street, in conjunction with the newly funded Consumption and Treatment Service (CTS).

Background

Drug checking services (hereinafter referred to as DCS) allow people who use drugs (PWUD) the ability to access fast and detailed information regarding the contents of their drugs to promote more informed decisions around their use. Depending on the purpose and organization of the service, DCS may also support public health surveillance of the unregulated drug supply, including dissemination of drug alerts when novel, contaminated, or highly potent substances are detected through routine testing in harm reduction settings.

PWUD and health experts in Canada have increasingly advocated for access to DCS as a harm reduction measure to address the Drug Poisoning Crisis. DCS have been a common practice in some European countries since 1992, with similar services emerging in Canada over the past two decades. Analyzing the purity of drugs used in party settings (i.e., ecstasy, LSD, and cocaine) represented a predominant focus of early drug testing interventions in Canada, although increasing application to non-medical opioid use has occurred in more recent years.

Regionally, implementation of drug checking services was a recommendation of the Central East Local Health Integration Network Opioid Strategy Action Group in February 2018, and was also proposed as a community research pilot by Peterborough County City Paramedics. Despite stakeholder consultations, neither of these proposals resulted in adoption or broad implementation at the time.

Rationale

No publicly accessible drug checking services are currently available in the Peterborough region.

The Health Canada exemption and provincial funding for the Consumption Treatment Services site at 220 Simcoe Street will include the use of fentanyl test strips for individuals accessing the supervised



consumption service. Test strips can be used to detect the presence of fentanyl in a drug sample and are highly sensitive to the presence of fentanyl and some fentanyl analogues. The strips will produce fast results with proper test preparation. Limitations of test strips are the inability to determine the amount of fentanyl present in a drug sample and lack of capability to detect all fentanyl analogues, as well as other contaminants. Due to these limitations, harm reduction services in many communities combine the use of test strips with Fourier-Transform Infrared (FTIR) spectrometry to improve the sensitivity and accuracy of the tests.

Use of FTIR spectrometers are well-established in forensic chemistry and the pharmaceutical industry and work by shining infrared light at a sample and measuring light absorption. Identification of specific substances is determined by analysis of these absorption patterns by computer-assisted software. Benefits of FTIR include ability to detect multiple substances in a sample, including fillers and adulterants, as well as speed (i.e., less than 2 minutes to obtain results) and portability. Noted limitations of FTIR include their relatively low detection limit of 5% and the relatively high cost (approximately \$50,000 for the device alone). This means that the presence of a small amount of drug (e.g. carfentanil) may not be detected but can still be toxic. When used in combination with testing strips, users are provided with the most accurate information on the contents of their drugs.

The combination of testing strips with the use of a spectrometer will help save lives:

1. The data will allow drug users to have more knowledge about the drugs they are using. Canadian studies consistently show a long list of contaminants in street drugs, making it impossible for PUWD to make an informed choice about the substances they are using.
2. When testing is available at the CTS, the Harm Reduction Specialists and health professionals supervising service users will be more informed about how to respond to potential medical emergencies, including adverse drug reactions or overdose. With accurate knowledge of the substances that are involved in an emergency, staff will be more prepared and able to respond quickly and appropriately.
3. The lack of knowledge on the contaminants in the local drug supply is a limiting factor in Peterborough Public Health's efforts to alert the community to unusual or unexpected increases in opioid-related harms. Enhanced access to real-time data on the unregulated drug supply in Peterborough will allow PPH to improve their Opioid Early Warning & Surveillance System and facilitate a rapid, coordinated response to emergent harms.





Budget

Purchase of the Equipment	\$48,000
Training by Harm Reduction Experts	<u>\$12,000</u>
Total	\$60,000

The \$60,000 requested will allow for a one-time capital purchase of the equipment and establish local expertise to operate the mass spectrometer. There are no ongoing expenses.

Purchase of Equipment

The attached quote for \$47,757.56 includes:

- The ALPHA II FT-IR Spectrometer and associated equipment
- Software requirements for operating in a harm reduction setting
- Installation
- Laptop for receiving and interpreting results

This final cost includes a significant discount for using this equipment for harm reduction.

Training by Harm Reduction Experts

The British Columbia Centre on Substance Use (BCCSU) has conducted an evidence review and established best practices for the use of mass spectrometry for drug analysis in harm reduction services. The \$12,000 allocated for training in this budget request will support technical training for local staff to use of this device. Due to time constraints in developing this proposal, this cost represents an estimate based on the fees incurred by other communities who have hired BCCSU to provide training services.

Evaluation

Drug checking services will be part of the evaluation framework to assess the DCS outcomes within the CTS and will include:

- # of staff trained
- # of drug samples checked
- # of unique individuals checking their drugs
- Analytical reports detailing the drugs and contaminants found in Peterborough

In addition, the evaluation will consider the broader impacts of the data, including the value of:

- The data gathered by the mass spectrometer for issuing public health alerts and drug warnings
- Supporting staff to be better informed while observing people using the CTS
- PUWD knowing the contents of their substances



PDS Recommendation Background

The Peterborough Drug Strategy was approached by City of Peterborough staff to provide a recommendation for the best response to the opioid crisis in Peterborough. PDS Coordinator and Chair consulted the broad PDS membership, representing the 4 Pillars of Addiction, resulting in an initial recommendation to use surplus police funds for an Overdose Prevention Site (OPS). Following this recommendation, the Province announced funding for the CTS and an OPS is no longer needed.

Based on the recommendation that the City would now prefer to divide the funds across multiple projects, combined with a quick turnaround to re-submit a new recommendation, the PDS Pillars agreed that enhancing CTS operations through the provision of drug checking equipment would be in-keeping with the original City Council motion, while supporting a capital cost that is difficult to fund through alternative sources.

The City also requested a list of other projects that would support the Drug Poisoning Crisis in Peterborough. This list is attached in Appendix A.

Conclusion

Locally and nationally, we are experiencing a public health emergency that has been amplified by the COVID-19 pandemic. During the pandemic, opioid-related deaths have increased significantly in the Peterborough area; on average, there are 4 deaths every month in the region, or approximately 1 per week. This is a crisis within a crisis that necessitates a strong, coordinated response. The addition of drug checking services within an operational CTS will support a comprehensive and integrated public health response to the drug poisoning crisis in our region.



Appendix B - Additional Information About Peterborough Drug Strategy (PDS)

Additional Information About Peterborough Drug Strategy (PDS)

The issues and harms associated with substance use are complex and pervasive across sectors and lives. Established in 2009, the PDS is a collective of community-based organizations in the City and County that actively work toward reducing the harms of substance use for individuals, families, and community.

PDS uses a collaborative approach and is committed to the ongoing development and implementation of community-based initiatives that reduce the harms related to substance use in the City and County. The development of a comprehensive, coordinated plan reduces fragmentation in the community, limits duplication, and fosters evidence-informed work.

PDS's work is guided by individuals who represent the following organizations:

- Peterborough Public Health
- PARN – Your Community AIDS Resource Network
- FourCAST (Four Counties Addiction Services Team)
- Peterborough Police Service
- Ontario Provincial Police
- Peterborough Social Services
- John Howard Society of Peterborough
- Canadian Mental Health Association – Haliburton Kawartha Pineridge
- Peterborough Regional Health Centre
- Kawartha Sexual Assault Centre
- Peterborough Family Health Team
- Nogojiwanong Friendship Centre
- Elizabeth Fry Society of Peterborough
- Curve Lake First Nation

Through this approach, PDS can address issues and undertake projects that are outside of the scope of any one organization. PDS approaches this work from a collaborative leadership model based on the four pillars of prevention, harm reduction, enforcement, and treatment. Like the Community Safety and Well-being Plan discussions, PDS recognizes that collaboration and relationship building are critical to this work as it is recognized by members of PDS that no one organization can solve complex problems and that it is only when work is done collaboratively can there be impact. PDS was recently successful in obtaining Federal and Provincial support to open a Consumption and Treatment Services Site (CTS) which will provide a safe and comfortable environment for people who use substances and offers an alternative for people who use alone. The CTS will be well equipped with staff that can provide support and supervision to people who use substances.

Communities need a well-balanced approach to address the spectrum of issues related to addiction. Often there is a focus on prioritizing programs and services for dealing with addiction issues and treatment rather than harm reduction or prevention. Each pillar is

Appendix B - Additional Information About Peterborough Drug Strategy (PDS)

represented by an organization who is committed to providing leadership to the Peterborough Drug Strategy and a shared approach provides the opportunity for shared language, training, programming, and a mutual accountability.

The four pillars for the PDS are:

- **Prevention** (led by Peterborough Public Health)
Integrating a comprehensive set of initiatives to prevent or delay the onset of substance use and avoid problems before they occur.
- **Harm Reduction** (led by PARN)
Advocating for and implementing a range of practical policies and programs designed to reduce the harmful consequences associated with substance use.
- **Treatment** (led by Fourcast)
Connecting to a range of programming and services for people dealing with a substance use issues.
- **Enforcement** (led by Peterborough Police Services)
Strengthening community safety by preventing and responding to the crimes and community disorder issues associated with legal and illegal substances.

The PDS (through FourCAST) receives a \$35,000 Community Services Grant annually from the City to assist with staffing costs.

Mobile Crisis Intervention Team (MCIT) – proposed expansion

Project Summary:

The Mobile Crisis Intervention Team (MCIT) is a collaborative initiative between Peterborough Police Services (PPS) and the Canadian Mental Health Association - Haliburton, Kawartha Pineridge (CMHA-HKPR), the program has been in operation since 2011. CMHA- HKPR provides 1 FTE -Mental Health Worker (MHW) to partner with 1FTE-PPS Police Officer.

The MCIT program provides crisis response, crisis stabilization and follow up to individuals experiencing a mental health and addictions (MH &A) crisis that have encountered the Police. The MCIT- MHW and the MCIT-Police Officer work in partnership to provide real time crisis response, proactive intervention in addition to following up on mental health and addiction calls received by PPS. The MCIT-MHW provides short term, intensive follow up on referrals received from PPS. Linkage to appropriate community resources is facilitated where appropriate and needed.

Demonstrated Need:

The demographics of the City of Peterborough are altering, this is reflected in the mental health and addictions related calls to PPS. Peterborough is experiencing an increase in substance use resulting in more acute and behavioral presentations in mental health and addiction calls. To add to this, the lack of accessible primary health care, accessible shelter beds and affordable housing further compounds the crisis' that individuals are experiencing. There are more calls to the Police from the public, more crisis' with more complex mental health and addictions presenting issues and underlying reasons.

Between 2018-2020, PPS received 1,970 mental health and addictions related calls, of these 1,970 calls received, the MCIT-MHW was able to respond to 423, only 21% of the mental health and addiction calls received by PPS.

In 2021 there have been 805 Mental Health Act (MHA) classified calls to PPS thus far. The MCIT-MHW was able to respond to 123, 15% of the mental health and addiction calls received by PPS.

Many individuals who come into contact with the Police have chronic mental health and addictions, however there is not always a presenting acute need that indicates that Hospital is the most appropriate outcome. There may not be an immediate solution to the individual's crisis. Common barriers to resolution and crisis stabilization include:

1. An individual's right to be unwell and refuse support and service

Appendix C - Mobile Crisis Intervention Team (MCIT) – proposed expansion

2. Lack of community resources at the time of crisis resulting in escalation and further destabilization of the individual's circumstances - E.g.: Insufficient MCIT resources, shelter beds
3. Lack of resources needed to meet medium- long term needs- E.g.: Affordable housing, access to primary care, financial means to meet basic needs , wait times in healthcare system for ongoing supports

MCIT interacts with more individuals with complex mental health presentations and addictions along with social issues that are not immediately resolvable. When the MCIT program started in 2011, a “light touch” of minimal intervention to bring about change in the individual's crisis was an effective and appropriate amount of support to stabilize a presenting crisis. The volume, demand and complexity of mental health and addictions calls are increasing.

With the increase in complex presentations of individuals who encounter MCIT, more time is required to be spent with individuals, an appropriate amount of time spent increases the effectiveness of the outcome, ensuring an outcome which stabilizes the crisis, minimizes risk, and connects the individual to the right supports.

The current MCIT model of 1-FTE PPS MH Police Officer and 1FTE –MHW is not enough to meet the growing need in downtown Peterborough, the remainder of the city and surrounding areas that are covered by PPS and CMHA-HKPR. MCIT works Monday -Friday, during daytime hours, occasional early evening cover is available. Most of the mental health and addictions calls to PPS occur from Monday to Friday with the largest mental health and addictions calls to PPS between 1100hrs-2000hrs. There is no weekend MCIT cover. The weekend is the timeframe with the second largest mental health and addictions calls to PPS. Current MCIT resources do not meet the need in the community. Current MCIT resources are not fully able to address the volume and the complexity, this creates a barrier to a timely and effective response that seek to stabilize crisis' and create linkages in the community.

Most individuals who encounter Police due to a mental health and addictions crisis require an immediate intervention to assess the presenting crisis, assessment at the time of crisis allows a more effective follow up plan to be developed. There are several outcomes from an MCIT intervention:

1. **An intervention that results in an individual being taken to the Hospital-** this occurs when an individual requires assessment and treatment for an acute presenting psychiatric or medical issue. MCIT collaborates with PRHC to facilitate assessment and admission for individuals experiencing a mental health and addictions crisis.

Appendix C - Mobile Crisis Intervention Team (MCIT) – proposed expansion

2. **Crisis stabilization with no follow up or linkages** – The MCIT-MHW provides 30 days intensive case management supports. Within this model the MCIT-MHW works one to one with the individual, assessing need and developing an individualized treatment plan to meet the needs identified. In many, but not all instances, this is sufficient support to stabilize the crisis and meet short term needs.
3. **Crisis stabilization and linkages to ongoing community supports** – In this model the MCIT-MHW works with the individual to identify appropriate ongoing community supports required to meet ongoing needs.

MCIT is a well-known program within the Peterborough community with effective and established partnerships with multiple community partners including Peterborough Regional Health Centre (PRHC). MCIT proactively engages with community partners to develop solutions for better outcomes for individuals in the community. MCIT is connected to the local Situation Table, liaising with local agencies to identify solutions for individuals who have been deemed as being at acutely elevated risk. MCIT participates in case conferences, working with PRHC and community agencies to develop effective plans that support better outcomes for shared clients. This collaborative approach supports flow in the system, supporting individuals to get the right services at the right time through a coordinated systemic approach. MCIT is an integral part of this systemic approach, working as a “connector” within the system. The MCIT program is effective at both the micro and macro level. In the years 2018- 2020 (calendar year), the MCIT –MHW has provided supports and services to 423 individuals. Of those 423 individuals 78% have been referred to other community agencies.

Recommendation:

Additional funding is required to create a further MCIT program. An additional MCIT program of 1 FTE -Mental Health Worker (MHW) to partner with 1FTE-PPS Police Officer will allow the following to occur:

1. **Increased coverage-** Building on existing MCIT resource an additional MCIT program will allow for MCIT to be provide 7-day coverage and evening hours.
2. **Increased engagement-** Additional MCIT resources create the opportunity for proactive outreach, connection, crisis stabilization and follow up for frequent callers to PPS for mental health and addictions reasons.
3. **Improved outcomes-**Additional MCIT resources support a timely MCIT response that is proactive and in real time, allowing time to engage in an intervention that meets the needs of the individual in crisis, this will prevent further escalation of the crisis.
4. **Reduction in complaints from the community-** Additional MCIT resources increase MCIT presence in the community. Individuals who

Appendix C - Mobile Crisis Intervention Team (MCIT) – proposed expansion

frequently come into contact with PPS for mental health and addictions reasons are often individuals that elicit concerns and/or general complaints from the public. Proactive MCIT engagement and intervention aims to decrease concerns raised by the community.

This proposal requests funding for a full-time CMHA-HKPR - MHW to be hired in MCIT for 2 years. PPS will look to their operating budget to match a Police Officer with the CMHA-MCIT-MHW.

Budget:

Year 1	
CMHA-HKPR – Mental Health Worker -salary and benefits	\$81, 160.93
Administration	\$6,000.00
Program Supplies – incidentals – gifts cards, immediate funding used to alleviate crisis / resolve immediate need.	\$ 5,339.07
Total cost- Year 1	\$92,500. 00
Year 2	
CMHA-HKPR – Mental Health Worker -salary and benefits	\$81, 160.93
Administration	\$6,000.00
Program Supplies – incidentals – gifts cards, immediate funding used to alleviate crisis / resolve immediate need.	\$ 5,339.07
Total cost- Year 2	\$92,500. 00
*Total cost- 2 years	\$185,000.00