

Present:

Councillor Stutt, Chair
Councillor Kooner, Vice Chair
P. McEvoy
P. Richards
R. Rai

Absent:

A. Barmi

Staff Present:

R. Costanzo, General Manager, Corporate Services
L. Thomas, Fire Chief, Surrey Fire Services
J. Burger, Manager Operations, Police Support Services
S. Lee, Administrative Assistant

Guests:

B. Edwards, Assistant Commissioner, Surrey RCMP
A. Paradis, Superintendent, Surrey RCMP
N. Miller, Inspector, Surrey RCMP

A. ADOPTIONS**1. Adoption of the Agenda**

It was

Moved by Councillor Kooner

Seconded by P. McEvoy

That the agenda of the Public Safety Committee

meeting of May 31, 2023, be adopted.

Carried

2. Adoption of the Minutes – April 26, 2023

It was

Moved by Councillor Kooner

Seconded by P. McEvoy

That the minutes of the Public Safety Committee

meeting held on April 26, 2023, be adopted.

Carried

R. Richards joined the meeting at 6:05 p.m.

B. DELEGATIONS**1. Aaron Paradis, Superintendent, Surrey RCMP**

The delegation provided a presentation on the scope of work undertaken by the Police Mental Health Outreach Team (PMHOT) and how policing services are supporting vulnerable residents. The following information was highlighted:

- PMHOT is dedicated to responding to clients who are dealing with mental health or other quality of life issues such as homelessness or addiction. It is an enhanced policing model that uses a specialized team to assist vulnerable citizens who have contact with police or require an emergency response. The focus is on building relationships with these residents, assisting with connections to services, and increasing the safety of those who live and work in the city.
- PMHOT develops integrated strategies to address crime, community concerns, and personal crisis in an inclusive manner throughout the city. The Surrey RCMP is committed to a long term integrated and proactive response that is built on relationships with its partners and the community. When vulnerable persons receive support and develop increased capacity for healthy and safe living, this often leads to a reduction in criminal activity and a reduced demand on social services and policing.
- In 2016, there was a four-block area on 135A Street in Surrey known as the strip that stigmatized the vulnerable population who had drug addictions and mental health issues. This area had the highest concentration of mental health and violent crime calls than any other four-block radius area in the city. To address this issue, the Surrey Outreach Team (SOT) was established through the collaboration of various groups and residents dedicated to supporting vulnerable clients.
- The City's Public Safety Team chaired weekly meetings to bring all social service agencies, shelters, and enforcement partners (such as Fire Services) together to build relationships with vulnerable clients and partners, as arresting these individuals would not be a long-term solution to the issues. The partnerships include Surrey RCMP, City of Surrey Bylaw Enforcement, Fraser Health, Lookout Society (outreach/shelters), faith-based agencies, first responders, and BC Housing. Ultimately, those relationships built up to 'moving day' for the vulnerable residents who lived in tents along 135A Street with the collaboration of BC Housing and creation of supportive housing options in June 2018.
- The SOT movement plan supported up to 150 vulnerable residents in tent encampments transition from 135A Street to shelters and modular housing without arrests, enforcement, or injunction. This was the result of the relationships built with partners and vulnerable residents over the past two years. In 2019, Surrey RCMP integrated the SOT with the Police Mental Health Intervention Unit to establish PMHOT which is more consistent and integrated response with increased capacity to provide outreach to those suffering from mental health, substance use, and homelessness by operating 19 hours a day, seven days a week.
- Selected for their ability to be empathetic with the vulnerable population, the PMHOT members complete a three-day training course in collaboration with Fraser Health regarding engaging with people with mental health, understanding the nature and prevalence of concurrent disorders, harm reduction and overdose prevention, and recovery by referrals into mental health-oriented services.

- PMHOT sees over 300 referrals every month with generally an increase in referrals for shelters and housing options in the colder months. According to 2022 mental health statistics from PMHOT public release, there were 5,285 referrals to services from housing to addictions or crisis centers, 1,281 files involving Car 67, 1,866 suicidal calls for service, and 114 naloxone administrations by police.
- The successes of PMHOT include the stabilization of 135A Street, the ability to quickly respond to new encampments as they come up, and through consistent outreach, some clients who have been homeless for years accept shelter space/housing and/or treatment. The total number of referrals to services from PMHOT were 3,404 in 2020, 2,866 in 2021 due to the COVID-19 pandemic, and significant increase of 5,285 in 2022.
- Established in the year 2000 under a Memorandum of Agreement (MOA) between RCMP and Fraser Health, Car 67 is a successful program that pairs a police officer with a clinical nurse to respond to police calls that involve significant mental health issues. The nurse provides assessments and referrals, while the officer provides crisis intervention and ensures the safety of the nurse and clients. Car 67 works seven days a week from 13:00-00:30 with the afternoon period being the busiest. When Car 67 is not on shift, the officers conduct assessment and determine if apprehension under the *Mental Health Act* is required or if they can refer to Car 67 for follow up when they return to shift.
- Operating daily from 7:00-1:00, SafePoint is a safe injection site which opened on 135A Street in June 2017 and is currently being relocated. They are staffed with three harm reduction workers and one registered nurse or registered psychiatric nurse. The PMHOT satellite office is located adjacent to this site to assist regular visitors of the site with getting referrals into things they would need to address any vulnerabilities they might be experiencing.

In response to questions from the Committee, the delegation provided the following information:

- The relationship that Surrey RCMP established with vulnerable population since 2016 is characterized by ongoing contact and support. While some individuals were able to access shelters, they did not necessarily transition to permanent housing. BC Housing initially provided modular housing with various restrictions, such as a ban on pets, which discouraged many from moving into these accommodations. However, these restrictions have relaxed over the years to better cater to individual lifestyles.
- During the opioid crisis, Surrey RCMP experienced a significant increase in overdoses and referrals that were linked to individuals suffering from addictions and mental health issues. Tracking the progress of these individuals and facilitating their reintegration into the job market proved challenging as they require more intensive forms of treatment. However, there is a percentage of individuals who do make progress and eventually transition out of shelters and become self-sufficient.

- Car67 provides RCMP with direct access to the healthcare system. There is a desire to increase the number of psychiatric nurses, but this is a common requirement across all communities. Whenever vulnerable individuals seek help and services from Surrey RCMP, they are consistently able to find the assistance they need.
- In terms of qualitative analysis of current policing practices, expanding the PMHOT unit provides confidence in delivering targeted services to vulnerable populations. Compared to the general duty officers who have multiple responsibilities, this specialized unit allow for better interaction and policing services, resulting in qualitative improvement by effectively managing encampments and addressing the associated challenges that may arise.
- In addition to addictions and mental health issues, physiological damage to the brain by continued overdosing is a major concern, as an individual is not breathing during the overdosed period and loses some degree of functionality as a result. Currently, there is no model to address this issue or promote prevention and education.
- Safe testing sites test the products and inform the users what they are, such as cocaine, fentanyl, or a mix of both. However, they do not specify what percentage is cocaine or fentanyl when there is a mix, and sometimes little grains of either product in the mix may cause a fatal overdose.
- To improve PMHOT, it is recommended to expand Car67, increase the number of psychiatric nurses available, assign analysts with Fraser Health or other agencies for quantitative analysis regarding PMHOT and vulnerable populations for better guidance in the future, and promote prevention and education through broader public message combined with school board and other agencies.

2. Nina Miller, Inspector, Surrey RCMP

The delegation provided an overview regarding the RCMP initiative HealthIM, which is a digital public safety system supporting emergency response to individuals suffering from unmanaged mental health challenges and/or substance use issues in crisis. The following information was highlighted:

- Designed to improve outcomes for individuals suffering from unmanaged mental health challenges, HealthIM summarizes prior interactions with an individual in crisis and facilitates the transfer of on-scene observations to local healthcare and community mental health partners. It promotes better care of clients, more robust data, and increased safety for all engaged parties such as individual in crisis, responders, and healthcare staff.

- Surrey RCMP did their due diligence to ensure that privacy impact assessments were done, and the data would be robust and protective of the information gathered. They recruited staff from the front line as trainers to gain momentum and excitement and for the implementation of the program. There was no resistance or noncompliance because the officers were convinced after seeing the clinical data and language.
- Prior to establishing contact with a person in crisis, an RCMP officer reviews a synopsis of critical safety factors including de-escalation techniques, any known triggers, and contextual information compiled from previous contact. The officer completes a digitized version of the interRAI Brief Mental Health Screener which provides rapid on-scene evaluation of risk designed specifically for police use and uses clinically validated algorithms to assist in evaluating risk of harm and determining appropriate outcomes, such as whether the individual can be apprehended under the *Mental Health Act*. Secure community networks facilitate wireless transmission of on scene observations to the hospital, and advanced notification prior to hospital transport facilitates improved transfer of care from the police officers to the hospital staff.
- HealthIM provides timely access to key metrics and insights as well as real-time access to de-identified aggregate response data via secure analytics portal and automated reporting. The data shows key information such as hospital wait times which could be further broken down by watch, hospital, time of day, watch, and members. With 200 uses of the application, Surrey RCMP has started using HealthIM even when they are not apprehending individuals. They are currently in the process of integrating additional support agencies to facilitate the electronic transmission of information even in cases where individuals who are not apprehended and due for release from the hospital require referrals.

In response to questions from the Committee, the delegation provided the following information:

- There are discussions between British Columbia's police chiefs and the Province regarding funding the expansion of the HealthIM across British Columbia.
- HealthIM provides high-quality data that assists hospital partners in making faster decisions. The impact of this data on triage levels is still uncertain at this early stage, but regular monthly meetings are being held with hospital partners. To address the issue of nursing turnover within the emergency department, a committee was formed with Fraser Health to find solutions and strategies for combating the issue.
- When apprehended individuals are released from hospitals or taken into custody, their information is recorded in the application and become cumulative. The information is also added to the RCMP records. However, the medical privacy of the individuals is safeguarded as the RCMP officers do not have access to any medical records outside of the HealthIM app provided by Fraser Health.

- The data indicated that RCMP officers often experience lengthy waiting periods at hospitals when carrying out mental health apprehensions. This situation significantly ties up police resources and keeps them occupied for several hours. In addition, the risk factor is relatively low because approximately 95% of such apprehended individuals are released after they are assessed by hospital staff.
- The statutory authority to apprehend individuals and wait with them in the hospital until they are assessed lies with RCMP officers. The Surrey RCMP would require special municipal constables with peace officer status who can assist in the waiting process at the hospital. These constables would need to undergo specialized training to effectively fulfill their duties without the direct supervision of RCMP officers. It was also recommended to find alternative models and look into efficient solutions within the healthcare system, such as offering separate entrance and dedicated room for waiting with apprehended individuals, and prioritizing admission either through regional psychiatric center or through different level of healthcare staff, such as psychiatric aids or combination of psychiatric aids and security guards.
- Under the *BC Emergency Health Services Act*, Fire Services are required to remain with patients until the paramedics arrive. Even in cases that are not life-threatening, Fire Services are still obliged to wait until BC Ambulance determines whether they will respond to the call. For non-acute cases, this could result in significant wait time, sometimes up to six hours. To address this issue, Fire Services have been advocating for the authority to release patients after consulting with doctors and clinical paramedics specialists by providing relevant information and detailed breakdown of the situation.

C. OUTSTANDING BUSINESS:

1. 2023 Committee Workplan

The Committee reviewed the 2023 Committee Workplan Draft and recommended to add the following to the workplan:

- At the next Public Safety Committee meeting, Community Safety Manager to provide a presentation on the Surrey Anti-Gang Family Empowerment (SAFE) program and other new programs that are being rolled out.
- Share Fraser Health information from Livability and Social Equity Committee and Healthy Communities Partnership Committee to this Committee.

It was

Moved by R. Rai

Seconded by Councillor Kooner

That the Public Safety Committee support the

2023 Committee Workplan as amended.

Carried

D. NEXT MEETING

The next meeting of the Public Safety Committee is scheduled for Wednesday, June 28, 2023.

E. ADJOURNMENT

It was

Moved by Councillor Kooner

Seconded by R. Rai

That the Public Safety Committee meeting

be adjourned.

Carried

The Public Safety Committee adjourned at 7.34 p.m.

Jennifer Ficocelli, City Clerk

Councillor Stutt, Chairperson