

Analysis of the Delivery of Social Services Type by Edmonton Police Service

Responding to Social Disorder & Mental Health Calls for Service

Recommendation

That the November 16, 2020, Edmonton Police Commission report CR_8437, be received for information.

Previous Council/Committee Action

At the July 6/8, 2020, City Council meeting, the following motion was passed:

1. a. That the Edmonton Police Commission:

Work with Administration to bring forward analysis on how many calls for service are driven by mental health, addictions, homelessness or other social and public health factors; and how many calls could be better responded to by partners through interagency partnerships without police intervention.

Executive Summary

A combination of mental health and social disorder calls for service data has been compiled to respond to the City Council motion around the potential of defining how many calls could be better addressed by partner agencies. Social disorder calls were analyzed, as this category generally encompass calls related to addictions, homelessness, or other social and public health factors.

When a call for assistance is received by the EPS Police Communications Branch, it is triaged. When a requirement for a police officer response is identified, it is prioritized based on risk to persons and property, the recency of the event and is categorized based on the circumstances gathered from the caller. **Unfortunately, the details gathered at the time of a call are not always clear or complete due to the limited perspective of the caller and the dynamic nature of the event.**

Each call is evaluated on its own merit and circumstances to determine what the police response will be. Utilizing data from January 1 – December 31, 2019, the Edmonton Police Service (EPS) received 385,034 calls for assistance to its Emergency Communications Branch.

It is imperative to note that **192,513 (or 50%) of the 385,034 phone calls to police were triaged upon receipt and did not require dispatch of the police.** Those included referrals to other emergency service providers and community safety and social service partners. Included in the 50% that are forwarded to other agencies, are circumstances that are related to homelessness or addictions that do not require police attendance.

The remaining 192,521 (or 50%) phone calls for assistance resulted in the dispatch of EPS officers in a first response capacity and are considered “calls for service”. This report analyzes these remaining calls for service.

It is common for initial calls for assistance to be emotionally charged and evolving with little, fragmented or incomplete information being shared. It is also characteristic for information to be received from multiple sources. Because of the unknowns and the potential volatility of these situations, a police officer first response is required. As a result, escalation in risks and violence must be continually assessed by both the dispatch centre and the police officers involved. As well, police officers are prepared with the equipment, training and have the necessary authorities under legislation including (but not limited to) the Mental Health Act and the Criminal Code of Canada that other interagency partners **do not** have.

Understanding social disorder and mental health calls:

Of the 192,521 calls that resulted in the dispatch of EPS officers in a first response capacity, 48,810 (25%) were **initially** classified as social disorder and 8,259 were **initially** classified as mental health for a total of 57,069 calls.

On-going assessment of the dynamics and situational specifics of these social disorder and mental health generated calls for assistance from the public necessitated reprioritization for immediate / urgent police officer first response in 540 cases. That is, 1 – 2 cases a day are escalating to dangerous and dynamic situations. There are only so many decisions that can be made based on the information received, and it would be a risk to transfer them to other agencies without initial police involvement. **If**

it was clear that the police should not respond it would have been triaged out with the first 50% of the calls received. It is important that police are involved and are not replaced in the initial triage of the call to ensure the safety of any partnership agencies and the public.

In many cases, police are called by other emergency services and community/social service providers to ensure the safety of their responders. For 4,798 calls for service in 2019, EPS was initially deemed not required; however, the changing dynamics, situational specifics and escalation of risks and violence necessitated dispatch for immediate police response. It is important to note that many of our partner agencies have staging protocols that govern their engagement in certain circumstances until police have investigated and the situation is deemed safe; it is after this determination that the partner agencies will engage.

Looking at this from the rear-view mirror, or hind-sight, crime is entangled with social disorder calls 38% of the time. The challenge we are confronted with is how, with only initial reporter information during a stressful situation, do the police disentangle the crime from the social disorder calls for service in a timely manner. The summation of all of this is that only after first response can police ensure the situation is safe and appropriate for referral or hand off to a community service partner. To attempt this referral without police first response, exposes our partners and public to elevated risk 38% of the time.

Report

Background

Definitions

Social disorder calls for service categories include (but are not limited to):

- Trouble with Person(s)
- Trouble not known
- Trouble with Intoxicated person(s)
- Check on Welfare
- Suspicious Person
- Noise Complaint Bylaw
- Mental Health Complaints

Police “intervention” refers to the active engagement of a police officer to improve a situation, with the intent to obtain a positive outcome for the offender, victim, and/or community.

Police “attendance” refers to the presence of a police officer, at the request of a service provider, social agency, or member of the public to provide support in the event a situation escalates

Background

On an annual basis, the EPS responds to a wide spectrum of calls for service including (but not limited to); gang violence, homicide, sexual assault, intimate partner violence, break and enters, mischief, traffic violations and social disorder.

Calls for service can be generated by the public through a 9-1-1 call, a call to the non-emergency line, or a walk-in at a police station. Police officers can also initiate calls for service.

It is important to note that information provided by the initial complainant does not always reflect the complete picture of the situation officers encounter upon initial arrival at the scene. When a call for front-line response is dispatched, it is not precise in determining the severity of the situation and/or the potential for a situation to escalate. Simply because it is categorized as a social disorder call, it does not mean that police attendance is not required, as indicated in the social disorder definition above.

Police operate 24/7, 365 days a year, including all statutory holidays and can respond in person to individuals requiring assistance. This is not the case for many community service agencies who may be in a position to assist. Although there are crisis lines available 24/7, it is imperative to remember that they are not able to respond in person to intervene if the situation escalated to a high-risk event, such as a suicidal person situation. It is first responders that respond initially, as they ensure a situation is safe for further partnership agencies to assist.

Calls for Service

EPS received 385,034 calls for assistance in 2019. 192,513 (50%) of these calls were triaged, and the remaining 192,521 (50%) resulted in the dispatch of police officers. A statistical analysis has been conducted on these 192,521 remaining calls that were

dispatched, as well as the statistics related to both social disorder and mental health calls for service. The following is an explanation of the dynamic nature of calls for police service, including qualitative information to inform the statistics provided. A clear takeaway from this analysis was that the call for service initial information provided does not necessarily reflect the situation upon initial assessment.

Mental health and social disorder data presented in this report highlight the dynamic nature of calls for service and their associated risks.

- 40% (24,000) of all social disorder calls warranted police investigation. Of this 24,000,
 - 3,077 involved violent and non-violent crimes
 - 1278 individual victims of violent crimes were identified and supported
- 4,798 calls were received from other first responders and other agencies, because these other agencies were contacted first. 40% of those calls included violent and non-violent crime and required police involvement
- based on the availability of initial information, 45% of the total mental health related calls were not able to be accurately categorized at the outset of call evaluation

Calls for Service – Social Disorder

Of the calls for service, just over 25% were **initially** related to social disorder concerns (48,810). (Attachment 1 Social Disorder Calls for Service and Associated Crimes 2019, Infographic).

The largest sub-category of social disorder calls was those evaluated and dispatched as ‘trouble with person’ events (14,824) for which there is a broad scope of potential issues.

After an initial assessment by the responding officer, the social disorder calls were often found to be incorrectly identified by the reporting source:

- 11% of the calls for service (6,457) were determined **not** to be social disorder calls
- 27% of social disorder calls were originally reported as a crime but required police attendance to diffuse and assess the situation to make the determination that the reported crime was a social disorder call.

Although most of the calls for service were given an appropriate categorization by call evaluators, upon review or receipt of new information nearly 1% of calls were upgraded to a higher response priority for patrol response, due to level of risk. (Attachment 2, Police Priority Level Classification).

At the conclusion of the analysis of the calls for service it was determined that 33% (64,219) of the total calls for service involved some form of social disorder, but nearly 40% (~24,000 or 65 / day) of those required a police investigation. Of those, 3,077 (~13%) involved related violent or non-violent crimes. Of the volume of social disorder calls for service through investigation were identified as violent crime and not social disorder calls at all. The top 5 types were sexual assault, assault bodily harm / assault with a weapon, uttering threats, assault and aggravated assault. Approximately 5 per day (1937) of those initially classified as social disorder were non-violent crime.

Calls for Service – Mental Health

8,259 of the calls for police service were related to mental health concerns. (Attachment 3, Mental Health Related Calls for Service and Associated Crimes 2019, Infographic). Over half of those calls were initially categorized as active suicide attempts, requiring police involvement for safety concerns and ability to utilize legislative authorities, such as apprehension under the Mental Health Act.

Although most of the calls for service were given an appropriate categorization by call evaluators, upon review or the receipt of new information just over 1% of those calls were upgraded to a higher response priority for patrol due to level of risk.

In 2019, over 45% of the total mental health related calls for service had to be reclassified at the outset of the call evaluation based on the information received. After an initial assessment, approximately 2,500 calls that began as mental health related calls (~25% of annual calls) were determined not to be primarily mental health related. Conversely, roughly 1800 calls (~20% of annual calls) were determined to be mental health related after having been evaluated and dispatched as a different call type. These changing classifications highlight the dynamics of the types of calls our police officers attend and the requirement to be appropriately trained, equipped and flexible in those situations.

This finding represents a significant reclassification rate if the EPS were to stop responding to any mental health related calls for service without them first having been

evaluated by other mobile mental health response options. Further, over half of the calls initially evaluated and dispatched as active suicide attempts, were re-classified upon the initial investigation, with the bulk of those being reclassified as 'mental health act complaints.' Without having police attend the event and make preliminary assessments safely and with the authority, there would be no way in determining if the subject's life was imminently at risk.

When Mental Health Act calls are reported, someone has called for emergent help. These calls are filled with high emotion, they are evolving and are unpredictable. 95% of Mental Health Act calls for service are suicide attempts or complaints of a person's mental health. The other 5% of mental health related calls are for deaths by suicide, persons with mental health warrants, and general calls for assisting sick persons. Police are granted the authority to arrest the individual and take them to a facility for medical intervention, with or without a warrant, if necessary.

It is the police that have the authority and resources to respond in an expedient manner, such as higher rates of speeds in marked police vehicles. Additionally, they are able to obtain information in emergent situations, such as pinging a phone of a suicidal person to locate them prior to them causing harm to themselves. As an example, in the summer of 2020 police were able to bring a female to safety after she had threatened suicide and was located on the top of the High-Level Bridge. EPS Crisis Negotiators were used and convinced her to comply with a safety harness to be put on her during a high angle rescue conducted by Tactical Section. This is just one of numerous examples where police have the equipment and training available that other agencies do not have. Attached are 3 examples of the effort and resources that EPS members commit to mental health crisis situations with the goal of a safe resolution for everyone. (Attachment 4, Incident Summaries of Time and Resources)

It is worth noting that of the 10,100 mental health calls for service, 1841 were reclassified as mental health calls at the end of the investigation. Often, there are mental health concerns which present themselves during criminal investigations or police interventions in the community. There are also additional calls for service each year which are not identified as being mental health related, yet mental health concerns are a secondary driver to the situation, such as in a homicide.

The EPS also examined how many mental health calls intersected with criminal investigations. In 2019, only 2% of calls which were deemed mental health related also resulted in criminal investigations and charges (164 of the 7,990 calls). The most

common violent crime was assault, with sexual assault, and assault with a weapon or causing bodily harm also significant contributors to the 70 violent crimes investigated. In those 70 violent crime investigations, 94 victims were identified. Of the non-violent crimes, the most common charge was breach of recognizance (~37%), with mischief also being a driver of charges.

Over and above that crime, your police officers were victims of violent crime totaling 93 charges, including assault, assault causing bodily harm, assault with a weapon and attempts to disarm a police officer.

Situations that police respond to are dynamic and unknown. From 2000 – 2017 police used force that resulted in the death of 13 individuals in response to a weapon that was a risk to officer's lives. 5 of these individuals had shot at police. Interestingly, 38% of the calls that police were responding to were social disorder calls. To ensure compliance with ASIRT, 2018 – 2020 data has not been included in this assessment. (Attachment 5 – Lethal Force Encounters Graph)

Supporting our Community Partners

The EPS received 4798 calls from other first responder agencies and other social service organizations. Calls from Emergency Medical Services accounted for nearly half of those calls, with 'other agencies' such as Children's Services or mobile mental health teams accounting for another 30% of those calls. These calls represent the event for which the EPS does not receive directly from concerned community members, but to which we are still called because of the support we offer to other emergency and social services in the community. Events of this nature of supporting other agencies represented approximately 13 calls per day for front-line EPS members.

Challenges with Agencies Responding Independently

If calls for service were identified and reassigned to social agencies as a more direct referral response, this does not necessarily eliminate the need for police to attend those calls. The assumption that police demand would be reduced by the exact number of call types reassigned to other social agencies is false, as it is quite likely social agencies would still engage the EPS for assistance or to respond.

The absence of a criminal investigation does not mean that the EPS does not have a role to play with calls involving mental health, social disorder, and other social issues – such as problem properties being addressed by city bylaw officers, child protection

matters being investigated by Children's Services, or mental health concerns being assessed by AHS' mobile mental health teams. In these instances, police attendance is still required; however, it is possible that the time spent at a location and engaging with the subject may be reduced.

Factors Impacting Agency Response

Based on an analysis of dispatched calls to the front line, trends with social disorder and mental health calls for service were identified. A significant gap has been identified regarding the availability, based on timing, of most social agencies compared to when social disorder calls or mental health calls are received. Although there are other issues previously mentioned, the lack of availability during the times required is one more reason that it is not feasible to have other agencies respond in place of the police. They simply are not as available.

In the analysis, it was learned that the highest number of social disorder calls occurred between 3:00PM and midnight, with mental health calls for service peaking between 2:00PM and 10:00PM. Social disorder calls peaked from Friday – Sundays. (Attachment 6, 2019 Dispatched Calls by Month).

After police have responded to the call for service, there are various factors that impact social agency and services ability to respond to assist as an immediate follow-up including (but not limited to); very few services are available 24/7, closure on public holidays, and general operating hours between 08:00 – 16:00. Agencies also have the prerogative to respond / not respond to requests originating from the community or police officers. There are several examples where EPS officers were trying to find another agency to assist individuals and were turned away for a variety of different reasons. As a result, the EPS remained responsible and accountable for them. (Attachment 7, Available Community Service Providers Map)

EPS Partnership Programs

The Police and Crisis Team (PACT) work in partnership with Alberta Health Services (AHS), on multi-disciplinary teams consisting of police officers and mental health practitioners. In 2019, the teams recorded over 5,100 interactions on calls which involved mental health related concerns.

As a result of having a mental health practitioner in the field with immediate support of a police officer, only 7% of their interactions resulted in a subject being apprehended under the Mental Health Act for their own safety. The resources available to the mental health practitioners are much broader than the police officer's ability to apprehend

based on the specific criteria detailed in the Mental Health Act. Of the 3564 distinct people PACT units dealt with in 2019, only 34 of them (1%) accounted for 7% that were apprehended under the Mental Health Act; this uneven concentration of resource draw explains why having specialized programs to ensure continuity of services is important to successful interventions. EPS, as a result of Vision 2020, expanded PACT by two additional Constables.

With 24,399 unique individual persons associated to 24,321 social disorder occurrences, ~1% of those individuals (233) accounted for 27% (6547) of those occurrences (Attachment 1, Social Disorder Calls for Service and Associated Crimes 2019, Infographic). Those few individuals also accounted for the majority of crimes generated from the social disorder related calls for service.

In 2019, EPS referred 720 calls to REACH's 24/7 Crisis Diversion¹ to ensure vulnerable community members were provided immediate safety in non-emergency crisis situations. Of calls responded to by 24/7 Crisis Diversion, 304 calls required the support of either EPS or EMS² because the individuals either escalated in their behaviour or required medical assistance beyond what 24/7 Crisis Diversion could provide.

Summary

Social disorder and mental health are a very broad category and are intertwined, and they are often times simultaneous. It is not an isolated event to be strictly related, or strictly unrelated to homelessness, mental health, addictions, or social factors. If that was the case, it is triaged out in the first 50% of calls that are not dispatched as a call for service. By further attempting to deter calls for service without police attendance there is a risk that presents itself to those responding and to the public.

As it has been identified, disorder related calls need coordinated intervention. This report clearly outlines the importance of working in partnership, and not one in replace of the other "to promote safety and security for all Edmontonians, including those at risk, by meeting existing needs and working with others to address underlying social and economic barriers to a safe city."³

Corporate Outcomes and Performance Management

¹ 24/7 Crisis Diversion Team, Annual Report 2019, Civitas Consulting

² 24/7 Crisis Diversion Team, Annual Report 2019, Civitas Consulting

³ City of Edmonton, The Way Ahead, Corporate Outcomes

Analysis of the Delivery of Social Services Type Events by Edmonton Police Service

Corporate Outcome(s): Edmonton is a safe city			
Outcome(s)	Measure(s)	Result(s)	Target(s)
Citizens are satisfied and confident in community safety service provided by EPS	Public perceptions of police performance <ul style="list-style-type: none"> Ensuring safety of Citizens Enforcing the laws Treating people fairly Being approachable 	<ul style="list-style-type: none"> 83%, average or good job 85%, average or good job 70%, average or good job 79%, average or good job 	Monitoring only
EPS engages with public and partner agencies to prevent crime	Public perceptions of police performance <ul style="list-style-type: none"> Recommendations for improved service 	Top 5 recommendations <ol style="list-style-type: none"> More visible police presence Improve officer behaviour More officers Faster, more efficient response to calls Improved communication with public 	Monitoring Only
EPS provides efficient service	Public perceptions of police performance <ul style="list-style-type: none"> Promptly responding to calls 	58%, somewhat or strongly agreeing	Monitoring only

Attachments

1. Social Disorder Calls for Service and Associated Crimes 2019
2. Police Priority Level Classification
3. Mental Health Related Calls for Service and Associated Crimes 2019
4. Incident Summaries of Time and Resources

5. Lethal Force Encounters
6. 2019 Call for Service Trend Analysis, Dispatched Calls by Month, Day, and Time
7. 2019 Daytime Community Service Providers