



The Role of Street Outreach in Community Safety and Wellbeing Planning

Brad Smith & Laura Almeida



City of Brantford
Strategic Planning and
Community Partnerships

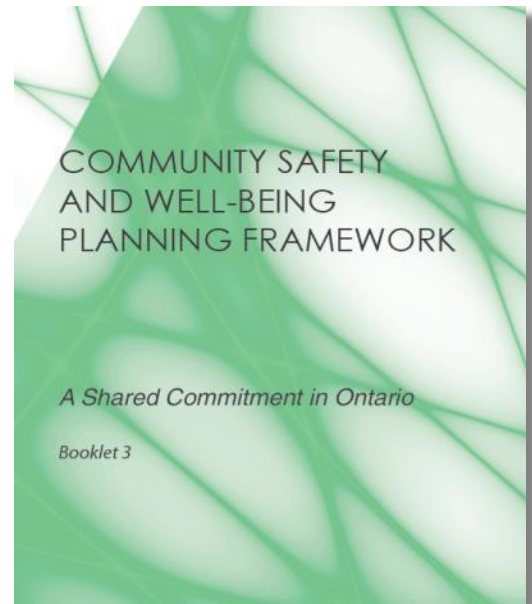
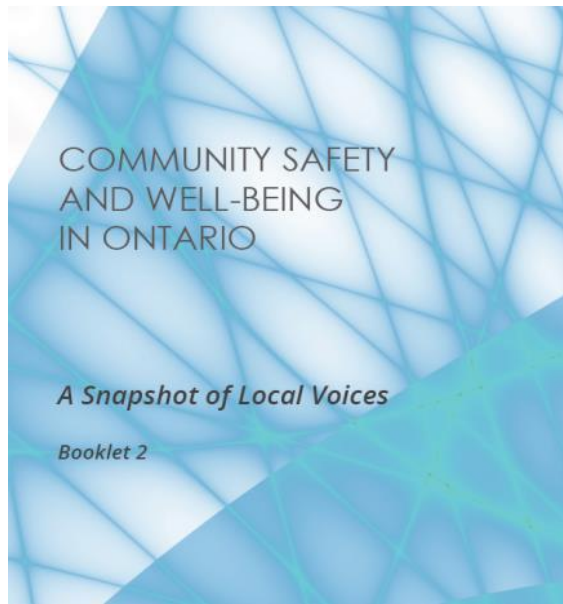
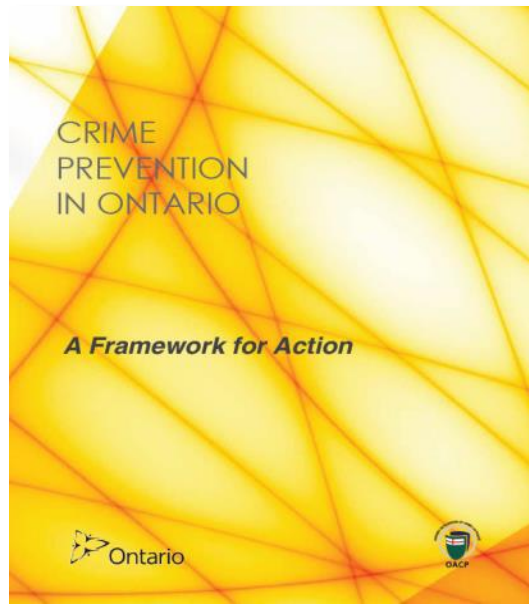
Community Safety and Wellbeing

- New legislative amendments outlined under Part XI, Section 143 of the current *Police Services Act* (1990) mandates every municipal council to prepare and adopt a CSWB plan.
- Legislative requirement for CSWB planning came into force on January 1, 2019, and municipalities have two years from this date to prepare and adopt a plan (i.e., by January 1, 2021) [s. 143 (3)].

Community Safety and Wellbeing

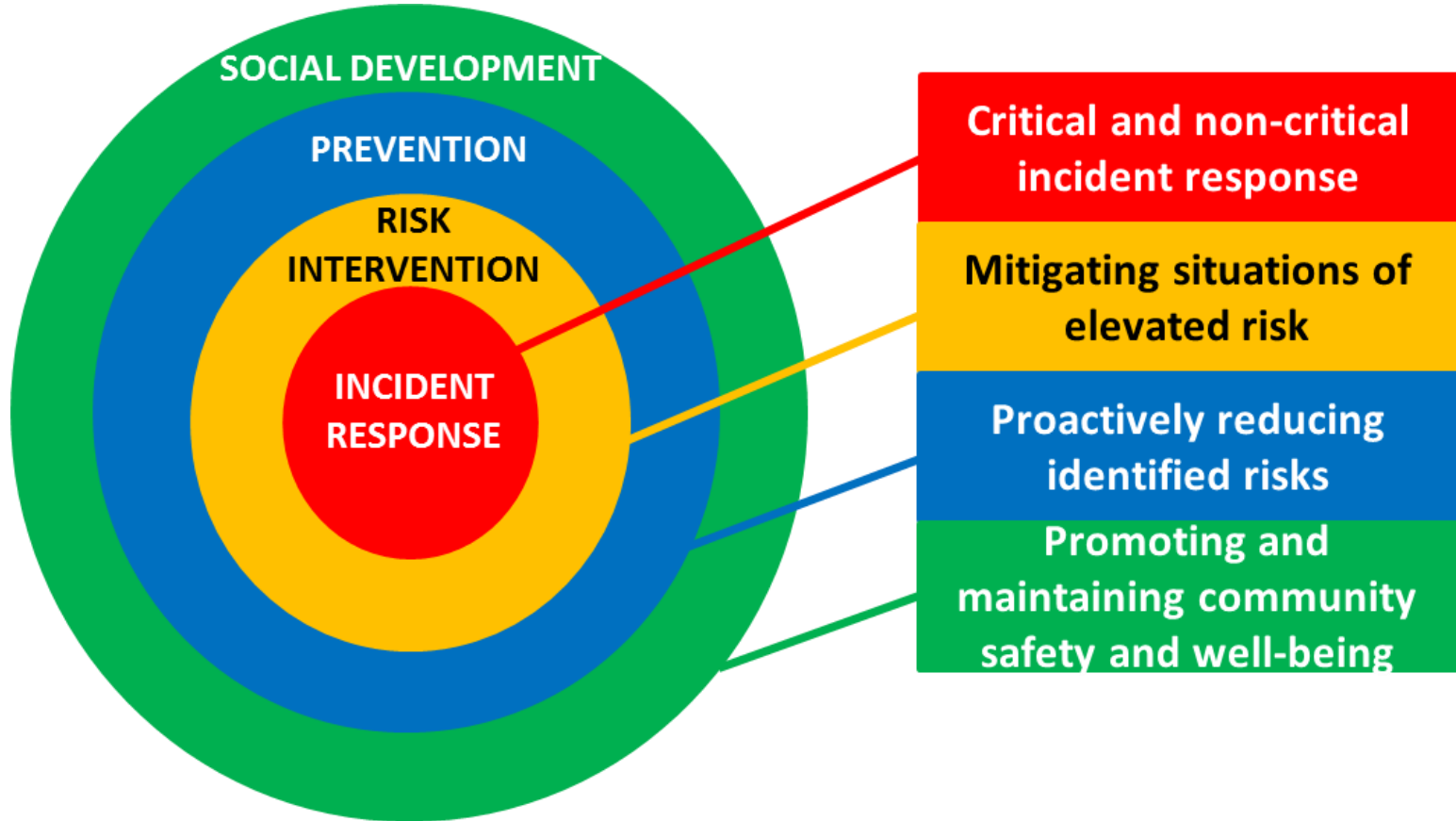
- Legislative Requirements Related to Planning
 - Establishment of multi-sectoral advisory committee consisting of prescribed members
 - Conducting consultations with the advisory committee, members of public, including youth, members of racialized groups and of First Nations, Métis and Inuit communities, as well as community organizations that represent these groups
 - Contents of the Plan:
 - Identifying priority risk factors (i.e., systemic discrimination, victimization, addiction, drug overdose, suicide, etc)
 - Identify strategies to reduce the prioritized risk factor (i.e., new services or programs, changes in delivery models, etc)
 - Measurable outcomes
 - Additional requirements related to monitoring, evaluating, reporting, etc (TBD)

Community Safety and Wellbeing



Planning Guides released between 2012 and 2017

Community Safety and Wellbeing



Community Safety and Wellbeing

Incident Response

- Immediate and reactionary
- Significant Resources
- First responders (police, fire, EMS)

Risk Intervention

- Reducing harm before response is required
- “Stopping something bad from happening, right before it happens”
- Collaborative work between acute care agencies

Community Safety and Wellbeing

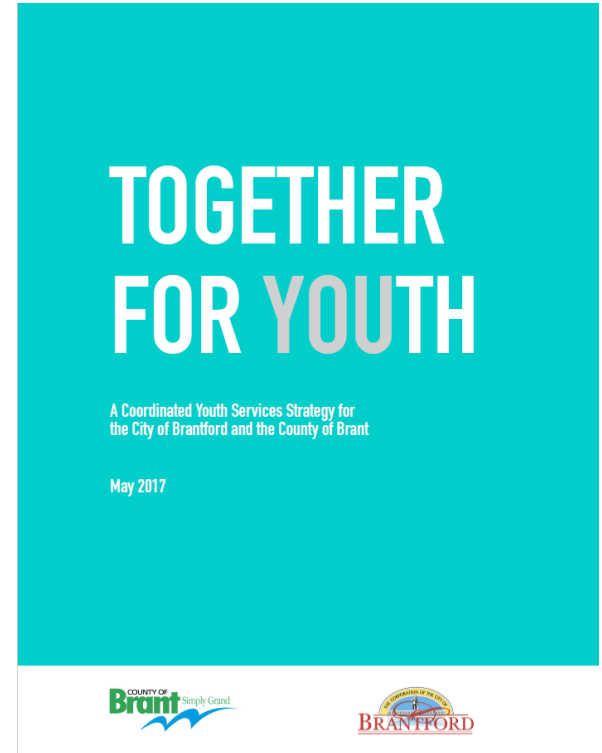
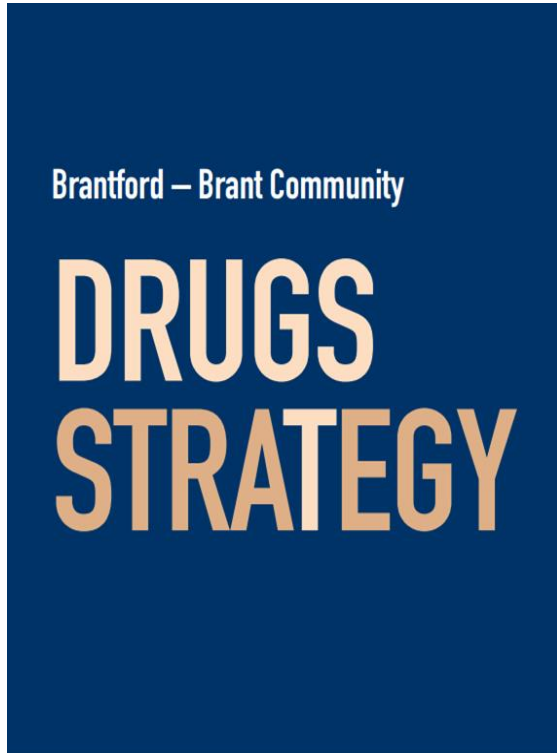
Prevention

- **Proactively** address factors before they escalate
- Evidence based programs that involve various sectors
- Engagement with non traditional crime prevention groups (BIA, Libraries)
- i.e., SNAP, Triple P - Positive Parenting Program, etc)

Social Development

- Long-term efforts to **reduce the probability** of harm and victimization
- Targeting the root causes, the social determinants of health
- Establishing protective factors such as improved health, employment, education, etc.

Community Plans



The Brantford-Brant Community Drugs Strategy

- Developed through community consultations, multi-sector agencies, and up-to-date research
- **Identified barriers:** lack of outreach services, available outside a Monday-Friday 9-5 schedule
- **Recommendation:** Explore mobile harm reduction models and implement a street outreach program with easily identifiable staff and volunteers (4.23)

Brantford – Brant Community

DRUGS STRATEGY

The Brantford Downtown Outreach Team (BDOT)



**Nurse
Practitioner**



**Concurrent
Disorders
Counsellor**



**Outreach
Coordinator**



**Peer Support
Worker**



CONNECTING ON THE STREET



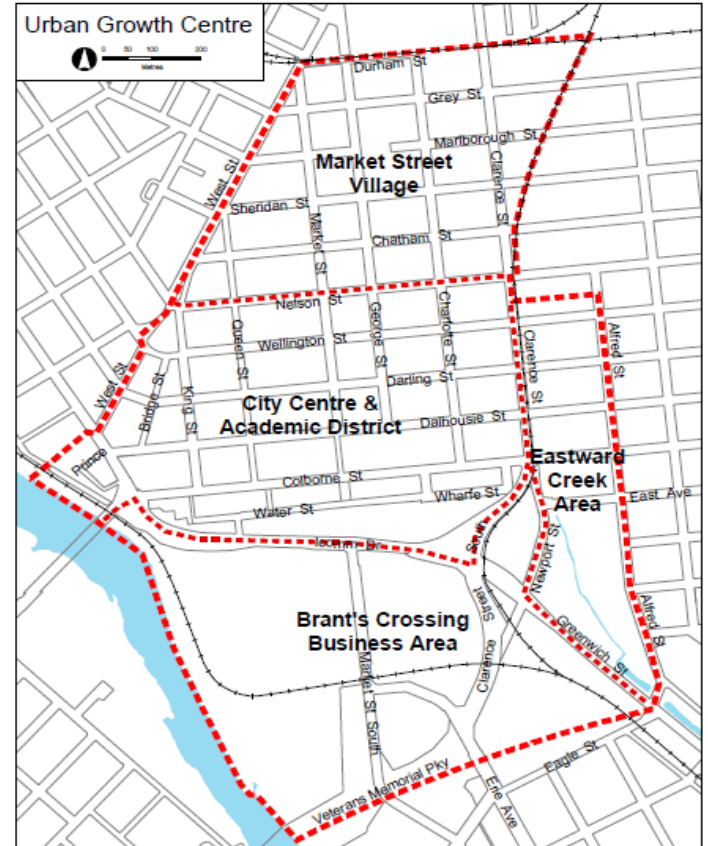
CONNECTING IN THE SHELTERS



SERVICES AND PEER SUPPORT



RESPONDING TO IDENTIFIED NEEDS



Frequently Asked Questions:

- **Who does BDOT support?**

- Street involved individuals (who may be experiencing homelessness, mental health challenges, addictions, or other concerns)
- Local business owners and frontline staff

- **What can BDOT offer?**

- Primary care (i.e. wound care, prescriptions)
- Immediate solution-focused counselling
- Addiction assessment and counselling
- Safe use and naloxone kits
- Help with accessing food, shelter, and other basic needs
- Connections to local services and supports
- Peer support (i.e. appointment attendance)
- Non-violent crisis intervention

- **Hours of Operation?**

- Monday 10am-6pm
- Tuesday 8am-4pm
- Wednesday 11am-7pm
- Thursday 11am-8pm
- Friday 9am-4pm

- **Touchstone Points?**

- Tim Hortons on Darling St.
- Brantford Public Library
- Emergency shelters
- Parking garage
- Downtown parks
- Harmony Square
- Key service providing offices and clinics

PREVENTION

Proactively identify and address local risk factors before they escalate

Use evidence and data to inform programs/policies

Implement integrated programs that involve various sectors working together to address priority issues for vulnerable groups

Engage non-traditional groups in crime prevention efforts (e.g., local Business Improvement Areas, libraries)

Outcomes focused on the result of prevention efforts (e.g., increased feeling of safety)

Data Collection and Evaluation

- **Daily Activity Logs:**

- # of individuals encounters
- # of repeat encounters
- # of harm reduction resources provided
- # of referrals provided
- # of appointments attended by the Peer Support Worker

- **Process Evaluations:**

- Which harm reduction resources were most needed?
- Which BDOT member(s) were most needed?
- Which locations required the most support?
- Which service provider referrals were most needed?

- **Outcome Evaluations:**

- Inappropriate EMS calls diverted to BDOT
- Coordinated Care Plans connected through BDOT
- Community stakeholders involved in BDOT
- Feelings of safety and community downtown



