

VIA EMAIL Ref. 668240

October 2, 2024

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Dear Dr. Baidwan:

I am responding to Acting Chief Coroner John McNamee's July 15, 2024 letter, in which he provided the Verdict with Coroner's Comments from the inquest into the death of Nicholas Patrick James Goulding. The following recommendation was directed to the Ministry of Public Safety and Solicitor General (and Ministry of Health):

Recommendation 1: Review the requirements and regulations for body-worn camera use by law enforcement and accelerate their implementation, if possible.

In British Columbia, Provincial Policing Standards (BCPPS) for use of Body Worn Camera's (BWC) by law enforcement came into effect July 1, 2019, after extensive consultation with key stakeholders. The BC Provincial Policing Standards for BWCs do not require police agencies in British Columbia to implement BWCs, but rather set requirements for those agencies choosing to do so. As noted in BCPPS 4.2.1, BWCs are resource-intensive technology. Police agencies that consider implementing BWCs will need to weigh the costs of the technology (such as purchasing and maintaining the equipment, training staff, and securely storing, processing and disposing of footage) against the potential benefits, while considering other local policing priorities.

Recommendation 2: Investigate the viability of expanding the mental health support model – specifically the nurse position embedded in the Operational Command Centre used by the Vancouver Police Department – to all law enforcement agencies in the province and expanding service coverage to around the clock.

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The Vancouver Operations Command Centre Liaison Nurse position is part of a larger initiative, the Vancouver Urgent Mental Health and Substance Use Service Enhancements Framework. This work has been funded by the City of Vancouver and implemented in partnership between Vancouver Coastal Health and the Vancouver Police Department.

Government is monitoring the progress of this pilot program and will carefully review evaluation results once they are available.

Additionally, the Safer Communities Action Plan, announced in November 2022, lays out concrete steps at the provincial level to make communities safer under two tracks: enforcement, and intervention services. Each initiative within the plan is structured to improve co-ordination between law enforcement, community service organizations, justice system actors, health providers and people who are recovering from addiction and mental-health challenges in a collaborative, coordinated approach to address the issues people are seeing in their communities.

Several initiatives underway integrate mental health support into crisis responses. This includes expanding Mobile Integrated Crisis Response Teams (also known as Car teams), which partner police officers and health care workers to respond to people experiencing mental health and/or substance use distress. Government has also invested in civilian-led (non-police) mental health and substance use crisis response, through an expansion of our Peer Assisted Care Teams (PACT). PACTs pair a mental health professional and a person with lived experience of mental health and/or substance use to respond to people in crisis.

Recommendation 3: Conduct a thorough review of the HealthIM application, including feedback from officer trainers and users, and measure the success of the application in attaining its stated goals, especially reducing hospital wait times.

In 2022, the provincial government announced support and funding for deployment of HealthIM and, in partnership with the Policing and Security Branch (PSB), the BC Association of Chiefs of Police (BCACP) has been leading this initiative through a Project Manager and collaborating with Ministries of Mental Health and Addictions, Health, health authority leadership as well as HealthIM, RCMP, and municipal police departments. The HealthIM app has been operational with Delta Police (2019), Prince George RCMP (2022) and Surrey RCMP (2023). Throughout 2024, the project will continue to focus on the significant due diligence work to ensure successful implementation across all health authorities and police agencies. Active implementation will occur for several police agencies in 2024 and finalize by the end of 2025. HealthIM is not intended to replace existing mechanisms under the *Mental Health Act*, or current de-escalation training, but will be a complementary tool that police officers can access, particularly when there are limited resources in the community they serve.

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HealthIM is also used in Alberta, Saskatchewan, Manitoba, and Ontario. To date, national data has shown us that HealthIM outcomes are positive, including:

• 46 per cent decrease in apprehensions, 39 per cent reduction in hospital wait times, 37 per cent increase in hospital admission rates.

The BCACP has established a Steering Committee to guide and oversee implementation of HealthIM, including establishing indicators and the development of an evaluation plan. BC is planning to gather metrics around apprehensions, voluntary transports, reduction of hours, wait times and FTE savings.

It is important to note that hospital wait times can be impacted by several issues (e.g., staffing shortages, increased patient needs/demands, and increased mental health-related calls) and should not be used as a metric of success or effectiveness of the system without further consideration of other external factors.

Sincerely yours,

Douglas S. Scott

Deputy Solicitor General