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**Date** December 1, 2020 **Report No.** 2020-371

**To** Chair and Members  
Committee of the Whole – Operations and Administration

**From** Aaron Wallace, Acting General Manager  
Community Services and Social Development

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## 1.0 Type of Report

Consent Item ☒ [X]  
Item For Consideration ☐ [ ]

## 2.0 Topic **Brantford Downtown Outreach Team Pilot Program – Final Evaluation [Financial Impact – NONE]**

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## 3.0 Recommendation

- A. THAT Report 2020-209 Brantford Downtown Outreach Team Pilot Program – Final Evaluation BE RECEIVED.

## 4.0 Purpose and Overview

This report provides Council with the final evaluation of the Brantford Downtown Outreach Team (BDOT) pilot program.

## 5.0 Background

In February 2019, Brantford City Council approved \$280,684 from the Casino Legacy Reserve to fund the development of the Brantford Downtown Outreach Team (BDOT) for a one year pilot. The goal of the program was to connect street-involved individuals to health and social supports, and ultimately reduce the prevalence of social disorder activities in the downtown core. The need for a street outreach model in downtown Brantford was determined through

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engagement with local health and social service providers, people with lived experience, and downtown stakeholders, who highlighted the prevalence of unmet mental health and addictions needs.

The BDOT began on July 1, 2019, and consisted of a Nurse Practitioner, Concurrent Disorders Clinician, Peer Support Worker, and Outreach Coordinator, who worked to connect street involved individuals to services such as the Rapid Access Addiction Medicine Clinic (RAAM), Withdrawal Management Centre, Housing Resource Centre, and other needed supports.

In February 2020, Council received the BDOT interim evaluation (Report No. 2020-58) that examined client interactions and the impact on emergency service calls within the downtown catchment area for the first six months of the pilot. The preliminary results strongly suggested that BDOT had been effective in connecting marginalized individuals to the health system and had been a contributing factor in the decrease of social disorder calls. Council approved the following recommendation:

- A. THAT Report 2020-58 Brantford Downtown Outreach Team Pilot Program Update BE RECEIVED.
- B. THAT the Associate Minister of Mental Health and Addictions and the Member of Provincial Parliament Will Bouma BE INVITED to meet with Mayor Kevin Davis regarding sustainable funding for the Brantford Downtown Outreach Team.

Letters of support were received from the following organizations, and were forwarded to the Office of the Associate Minister of Mental Health and Addictions and the Executive Office of Ontario Health West:

- Brant Community Healthcare System
- Brantford Chamber of Commerce
- Brantford Fire Department
- Brantford Food Bank
- Brantford Police Services
- Brantford Public Library
- Brantford Regional Indigenous Support Centre
- Downtown Brantford Business Improvement Area

- Grand River Community Health Centre
- Grand River Council on Aging
- Member of Parliament Phil McColeman (Brantford-Brant)
- Member of Provincial Parliament Will Bouma (Brantford-Brant)
- St. Leonard's Community Services
- Wilfrid Laurier University Brantford Campus
- Why Not Youth Centre
- Woodview Autism and Mental Health Services
- Workforce Planning Board of Grand Erie

In May 2020, staff provided Council with an update outlining the changes to program delivery due to the COVID-19 pandemic and noted the transition plan for clients as the BDOT prepared for the end of the pilot (Report No. 2020-209). Council approved the following recommendations:

- A. THAT Report 2020-209 Brantford Downtown Outreach Team Pilot Program Update BE RECEIVED.
- B. THAT Staff BE DIRECTED to forward the final evaluation of the Brantford Downtown Outreach Team to the Brantford-Brant Ontario Health Team for their consideration.

The BDOT pilot ended on June 30, 2020, and the full 12 month program was evaluated by Dr. James Popham from Wilfrid Laurier University's Centre for Research on Security Practices (CRSP). The Social Sciences and Humanities Research Council (SSHRC) provided a \$25,000 grant to the BDOT for evaluation and data analysis. The evaluation examines program efficacy using data on client interaction and referrals, emergency service calls within the downtown catchment area, and a social return on investment analysis.

COVID-19 significantly impacted the ability to meet with representatives from the Ministry of Health, however Mayor Davis and the Acting General Manager of Community Services and Social Development met with a senior official from Ontario Health West (OHW) in July 2020, who advised that OHW was reviewing the BDOT program and discussing sustainability options with health-funded agencies. City staff were encouraged to share the final evaluation with the Brantford-Brant Ontario Health Team (BBOHT) for their review and consideration, as mental health and homelessness are key priorities of the BBOHT.

## **6.0 Corporate Policy Context**

### **High Quality of Life and Caring for All Citizens**

Brantford will be recognized as a safe and healthy community – one that promotes and enables the well-being of its citizens, and supports access for all citizens to a full range of health and community services.

## **7.0 Input From Other Sources**

Brantford Downtown Outreach Team

Brantford Police Services

St. Leonard's Community Services

Grand River Community Health Centre

Centre for Research and Security Practices, Wilfrid Laurier University Brantford

## **8.0 Analysis**

### **8.1 BDOT Pilot Evaluation**

This report outlines the final evaluation of the 12 month BDOT pilot program. The full summary is outlined in Appendix B: BDOT Final Evaluation, Wilfrid Laurier University's Centre for Research on Security Practices, and Appendix A: BDOT Pilot Program Summary provides a visual representation of program results.

#### **8.1.1 BDOT Interactions and Referrals**

Throughout the full year of the pilot, BDOT recorded 5,269 service interactions and 2,066 community service referrals, with 171 unique individuals. BDOT interactions were vital to establishing positive rapport with clients to help foster trust and support client connection to community services and supports. 84% of the referrals were accepted and estimates suggest that 35% of these referrals led to follow-through treatment and program completion. The top 5 most commonly accepted referrals included:

- Community Mental Health Services; 319 accepted referrals (including: crisis services, counselling, and concurrent disorders treatment)
- Housing Services; 273 accepted referrals (including: BATH waitlist, eviction prevention, and rent subsidies)
- Community Addictions Services; 229 accepted referrals (including: detox services, residential treatment, and withdrawal management services)
- Emergency Shelter Access; 208 accepted referrals
- RAAM Clinic Services; 117 accepted referrals

### **8.1.2 Social Return on Investment**

The BDOT was successful in building and maintaining productive community partnerships, and fostering vital health and social service connections. 117 clients were presented with the opportunity to initiate or re-engage Coordinated Care Plans (CCPs) via referrals to the Rapid Access Addictions Medicine (RAAM) Clinic. The evaluation metrics suggests that this translates to:

- Reduction of 407 Emergency Department visits;
- Reduction of 53 30-day inpatient re-admissions;
- Reduction of 35 inpatient visits for ambulatory care;
- Reduction of 18 Ontario Mental Health Report Systems (OMHRS) admissions;
- Reduction of 708 inpatient Length of Stay (LOS) days. The average stay at the Brantford General Hospital is 6.9 days, at an estimated daily cost of \$693.

A Social Return on Investment (SROI) analysis demonstrates that the RAAM referrals and opportunities for CCP connections, combined with the referrals to other community mental health, addictions, housing, and primary care providers, results in a total net SROI of \$1,026,746, which far exceeds the cost of the BDOT program. It should be noted that both the estimated 'Reductions' and the 'Return on Investment' are based on

academic models and projections, not a comprehensive longitudinal study of program participants. The evaluation is not suggesting that these savings were materially realized by local health care providers, however the data is strongly suggestive that a targeted outreach program has the potential to decrease emergency health care use within the community.

## **8.2 Limitations and Impacts of COVID-19**

Definitive conclusions regarding the BDOT operations are limited based on the following: 1) short- term duration 2) small sample sizes 3) inability to assess seasonal or year-to-year variations and 4) inability to control for external variables such as other downtown programs.

Additionally, the COVID-19 pandemic impacted the final 4.5 months of the BDOT program, requiring the team to provide client support mostly by phone, or in modified social distanced settings. BDOT and its partner agencies effectively adapted to support clients through the COVID-19 pandemic and were able to shift their approach to continue providing support to the emergency shelters. Although BDOT was able to adapt, the program was impacted and these challenges are reflected in the evaluation data.

Although limitations exist, the evaluation results strongly suggest that BDOT has been effective in connecting marginalized individuals to services, has been a contributing factor in the decrease of social disorder calls, and will generate a return on investment that exceeds the cost of the program.

## **9.0 Financial Implications**

There are no financial implications associated with this report.

## **10.0 Conclusion**

The Brantford Downtown Outreach Team pilot ended July 30, 2020. The Final BDOT Pilot Evaluation provided by Wilfrid Laurier University's Centre for Research on Security Practices outlines the positive impacts of connecting vulnerable individuals with vital health and social services. As per Council direction, the final evaluation will be provided to the Brantford-Brant Ontario Health Team for their review and consideration.



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Aaron Wallace, Acting General Manager  
Community Services and Social Development

Attachments:

Appendix A: BDOT Pilot Program Summary

Appendix B: BDOT Final Evaluation, Wilfrid Laurier University's Centre for Research on Security Practices.

In adopting this report, is a by-law or agreement required? If so, it should be referenced in the recommendation section.

By-law required ☐ yes ☒ no

Agreement(s) or other documents to be signed by Mayor and/or City Clerk ☐ yes ☒ no

Is the necessary by-law or agreement being sent concurrently to Council? ☐ yes ☒ no